

PARENTS' PERCEPTIONS OF SAFETY IN PUBLIC SPACE AND
ADOLESCENT WELL-BEING IN ETHIOPIA, PERU, AND VIETNAM

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A DISSERTATION

in

Social Welfare

Presented to the Faculties of the University of Pennsylvania

in

Partial Fulfillment of the Requirements for the

Degree of Doctor of Philosophy

2021

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DEDICATION

To my dad, who modeled what it means to love your work, have passion for it, give it everything you've got.

I'm only here because that spirit, his spirit, lives in me too.

ABSTRACT

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Safety in public space is a critical concern, particularly for women and girls, and these concerns may have consequences for well-being. Most scholarship to date, however, is cross-sectional; little is known about the longer-term impact of perceiving public space as unsafe. Among adolescents, the relationship between safety and well-being is likely influenced by parents. This study used longitudinal analysis to examine the factors that contribute to parents' perceptions of adolescent safety at age 15, the relationship between these perceptions and adolescent well-being at age 19, and the differences for boys and girls.

Data were drawn from Young Lives, a multi-country panel study. The sample included 820 parent/adolescent dyads in Ethiopia, 620 in Peru, and 941 in Vietnam. Descriptive statistics and multivariate regressions were conducted. Perceiving one's child unsafe in public space was highest in Peru (two in three parents), followed Vietnam (one in three parents), and Ethiopia (one in five parents). In the adjusted analyses, there were two significant findings. In Ethiopia and Peru, girls were more likely than boys to be perceived as unsafe. Adolescents in certain regions of Ethiopia and Vietnam also were more likely to be perceived as unsafe. No associations were detected between parents' perceptions of adolescent safety at age 15 and adolescent well-being at age 19.

Parents' concerns for adolescent safety are substantial, especially in Peru. Girls' safety is of particular concern and deserves more public health attention. The regional variation in parents' perceptions suggests that it is a local phenomenon and requires locally-driven intervention. Although no association between parents' perceptions of safety and adolescent well-being was found, prior research supports this link. Young Lives provided one of the few data sets equipped to examine this relationship longitudinally, however, it had limitations – offering just a single item measure for safety concerns. Better data is needed. This investigation lays the groundwork for subsequent research, which is needed, and should: utilize a robust measure of perceptions of safety; consider the importance of other community factors (e.g., rates of violence); and test additional measures of well-being; physical and mental health would offer important contributions to the field.

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CHAPTER 1: BACKGROUND AND SIGNIFICANCE

Adolescence, defined by the United Nations as the time between the ages of 10-19 (UNDESA, 2013) is characterized by critical psychosocial changes that are likely to shape the trajectory of youth's lives into adulthood. Although the period of adolescence is considered one of the healthiest periods in a person's life, there are global disparities such that the health and well-being of young people in low- and middle-income countries (LMICs) are generally poorer than those of adolescents in more developed regions (Patton et al., 2009). Ninety percent of the world's 1.2 billion adolescents live in LMICs (United Nations Department of Economic and Social Affairs, 2011).

Within LMICs, there are additional health and well-being disparities by gender. One in three girls living in LMICs are married before they are 18 and one in nine before they are 15 (Loaiza & Liang, 2013). Boys, too, can be married early, but of all children married under 18, 82% are girls (UNICEF, 2014). Early marriage places girls at greater risk for early pregnancy (UNICEF, 2014), intimate partner violence (Clark et al., 2010; Hong Le et al., 2014), and, with less decision making power over contraception, HIV/AIDS and other STIs (Clark, 2004). In fact, despite diminishing HIV infection rates globally, adolescent girls remain particularly vulnerable. Of the 250,000 new HIV infections among adolescents in 2013, 64% were among adolescent girls. In Sub-Saharan Africa, seven of 10 new adolescent HIV infections are among girls (UNAIDS, 2015).

According to the United Nations Population Fund (UNFPA), nearly 19% of young women in LMICs give birth before they are 18 and 3% before age 15 (Loaiza & Liang, 2013). In contrast, fewer than 2% of boys aged 15-19 father children (Santhya &

Jejeebhoy, 2015). In Africa alone, it is estimated that over 1 million births occur each year to girls under the age of 16 (Neal et al., 2012). Early pregnancy can have critical health consequences. Complications in pregnancy and childbirth are the leading cause of death among girls age 15-19 globally (World Health Organization, 2012). Other consequences are evident as well. Although little research in LMICs has examined the educational and economic impact of adolescent childbearing, evidence from high-income countries (HICs) indicates that early childbearing is associated with poor education and economic outcomes for the mother and her family (Boden et al., 2008).

Girls lag behind boys in measures of well-being as well as health. Although gender parity in primary education enrollment has been reached in almost all LMICs, there is pronounced drop-off in secondary school. According to World Bank data, in 2013, 31% of school-aged girls living in low-income countries versus 40% of their male peers had completed lower secondary education (World Bank, 2016). School completion at this level is poor for both boys and girls, but the disparities between the two are stark in certain countries. In Chad, for instance, 11% of young women versus 25% of young men have a lower secondary education (World Bank, 2016).

Understanding the drivers of these gender disparities is critical to ensuring that girls have opportunities equal to their male counterparts to fulfill their potential. Poverty and inequitable gender norms are believed to be two of the primary contributing factors to early marriage (International Center for Research on Women, 2006), early childbearing (Loaiza & Liang, 2013), and low educational attainment of adolescent girls in LMICs (UNICEF, 2011). According to a 55-country analysis conducted by the World Bank, girls from the poorest households are twice as likely to be married before 18 than

girls in higher-income homes (Klugman et al., 2014). Likewise, girls from poor families are more likely to drop out of school and, therefore, have less access to information about reproductive health and pregnancy prevention, resulting in a higher likelihood of early childbearing (Chandra-Mouli et al., 2013). Operating in tandem with the economic forces, inequitable gender norms play a critical role in driving the disparities in these outcomes between boys and girls. For instance, in many LMICs, gender role expectations are such that girls' marital and child-bearing potential are considered her most valuable assets, whereas boys are valued for their earning abilities (John et al., 2017).

In addition to these contributing factors, there likely are additional drivers of well-being among adolescents in LMICs. One largely unexplored potential determinant is the perception of their safety in public space. The connection between perception of safety and well-being has been examined among adults in HICs, mostly as it relates to fear of crime in urban areas. This literature indicates that gender is the strongest predictor of fear of crime (Ferraro, 1996; Pantazis, 2000). Women are much more fearful of crime and the fear adversely impacts their mobility in public space (May et al., 2009). In LMICs and particularly in cities in LMICs, safety is a grave concern among women. In a representative survey of women in Delhi, for instance, 95% of women reported feeling unsafe on the street (UN Women, 2013). Multi-country qualitative research reports that women change their behavior and limit their activities as a result of feeling unsafe (Action Aid, 2015).

Little research has been conducted on the perception of safety and its impact on adolescent well-being in LMICs. An initial study demonstrates that safety operates similarly as it does for adults: public space is perceived to be safer for boys, providing

them with greater mobility (K. K. Hallman et al., 2015). In HICs, more robust evidence corroborates this link (Abrahamsson, 2016; Johansson et al., 2010).

The relationship between safety and well-being in adolescence is likely influenced by parents as they typically regulate the mobility of their offspring. Greater control of mobility is commonly exerted over girls, whereas boys are granted greater autonomy, particularly when parents perceive public space as unsafe for their adolescent (Carver et al., 2010; Foster et al., 2014). The gendered nature of the parents' perception of safety and the impact it can have on girls' well-being has been examined most explicitly, although still infrequently and mainly with qualitative methods, in conflict-affected settings. In these communities, parents reportedly arrange early marriages for their young daughters out of concern for their safety and risk of sexual assault (Spencer, 2013; World Vision, 2013). Likewise, such fears also motivate parents to remove girls from school. High dropout rates in conflict-affected regions are not gender-specific, however the reason for leaving school may be (Justino et al., 2014; P. Singh & Shemyakina, 2016).

Overall, the literature on adolescent safety in public space and its impact on well-being is disjointed. In LMICs, it is nearly non-existent. Findings in other settings (HICs, conflict areas) and among other populations (adult women) suggest that perceptions of safety in public spaces are a potential driver of gender disparities in well-being. To examine this possibility more fully among adolescent girls and boys, the proposed study focuses on understanding factors associated with parents' perceptions of adolescent safety in three LMICs – Ethiopia, Peru, and Vietnam. Furthermore, this study will examine if and how these perceptions are related to adolescent well-being, with particular attention to if and how safety differentially impacts outcomes for girls.

CHAPTER 2: ADOLESCENT WELL-BEING

Adolescence: A Time for Development and Gender Socialization

Adolescence is a period marked by physical, emotional, and social development. It is during this phase that young people are expected to transition from the dependency and physical and psychosocial immaturity of childhood to the agency and social responsibility of adulthood (Steinberg, 2010). Our understanding of adolescence as a moment of critical growth is derived from human development theories. Hall focused on adolescents' biosocial development (Hall, 1916), Erikson emphasized identity and self-concept formation (Erikson, 1994), and Piaget provided theory on adolescent cognitive development and ego-centrism (Piaget, 1947). Other theorists considered the importance of contextual factors in adolescent development, including Margaret Mead, whose work supports the significance of the social environment (Mead, 1936), and Urie Bronfenbrenner, whose ecological theory emphasizes the dynamic interplay between a person and the environment (Bronfenbrenner, 1994).

The concept of adolescence and the expectations associated with it are culturally situated (Steinberg, 2010). For example, in India, the notion of adolescence, or a period between childhood and adulthood, is non-existent. The shift from child to adult is swift for many boys and girls who are quickly expected to take on adult responsibilities shortly after turning 14, the legal cutoff for childhood (Burra, 2014). However, in the United States, adolescence is a largely protected time for young people to develop socio-emotionally, attend school, and remain in the care of their parents (Santrock, 2010). Despite cultural variation in the definition or identification of adolescence as a discrete period, universally there exists a period of time where physical maturity (in the form of

puberty) maps on to a social transition from childhood to adulthood (McNeely & Bose, 2014). Therefore, adolescence represents a critical juncture for the development of identity, independence, and achievement across cultures and often is associated with increasing intellectual and social opportunities.

Integral to adolescent development is gender socialization, or the process by which an individual learns and develops a gender identity based on communicated expectations (Hill & Lynch, 1983). The formation of gender beliefs and attitudes evolves throughout the life course and is influenced and facilitated by family and peers as well as macro-level factors such as gender norms and socio-economic conditions (Kågesten et al., 2016). A complex interaction of socialization agents shapes adolescents' internalization of beliefs about gender roles and the formation of gendered behaviors (John et al., 2017). Parents are a primary agent of gender socialization and a primary conduit through which community and societal gender norms are enacted in the lives of young people.

This study posits that parents' concerns for safety may impede psycho-social expansion and potentially shrink the worlds of adolescents. Over time, this can have long-term consequences for the trajectories of young adults, constraining the spheres they believe they can inhabit and the goals they might achieve. This study also posits that as a function of inequitable gender norms, parents' perceptions of safety will have negative consequences for the well-being of girls.

Dimensions of Adolescent Well-being in LMICs

Early Marriage

Despite increased programming and legislation, early marriage remains a global issue in LMICs. According to UNICEF, one in five girls are married before they are 18 years old and 1 in 20 before they are 15 (UNICEF, 2020). Rates are more pronounced in low- and middle-income countries (LMICs) and are highest in Sub-Saharan Africa and South Asia (International Center for Research on Women, 2006; UNICEF, 2014, 2020). As of 2018, 43% of women were married before age 18 and 16% before age 15 in Nigeria. In 2014, in Bangladesh, the rates were 59% and 22%, respectively (UNICEF, 2020). Boys also are married at a young age, but at far lower rates (Gastón et al., 2019).

Girls and boys who marry early face multiple adverse health and well-being outcomes including lower educational attainment and literacy (M. C. Nguyen et al., 2014), lower economic participation (Parsons et al., 2015), and higher likelihood to live in poverty (S. Singh & Samara, 1996). Girls who marry early also are at increased risk of sexually transmitted infections, including HIV/AIDS (UNAIDS, 2015), and early childbearing (Westoff, 2003). World Bank analysis of 21 Demographic and Health Surveys found that marrying before 18 is associated with increased risk of girls experiencing intimate partner violence. Conversely, marrying after 18 is associated with an increased odds of the ability to refuse sex. The rate increases with each year increase of age at marriage (Klugman et al., 2014).

Some of the consequences of early marriage are also key risk factors. Girls from poor households are almost twice as likely to be married before they are 18 than their peers from higher income households (Klugman et al., 2014). Families facing economic

deprivation may view marriage of young daughters as a release of a financial burden or an economic opportunity whereby an older husband can provide support to the whole family (Jain & Kurz, 2007). Education is considered one of the most salient protective factors. Studies in Kenya and Bangladesh, for instance, show that each additional year of post-primary school lowers a girl's probability of early marriage (Kamal et al., 2015; Magadi & Agwanda, 2009). Lastly, child marriage is more common in rural areas (UNICEF, 2014) such that, according to data in 59 countries, on average, girls are married 1.5 years later in urban areas (Westoff, 2003). Structural level factors, including discriminatory laws (for instance those that designate the legal age of marriage below 18) and social norms that associate girls' value with their marital status and ability to bear children, also contribute to early marriage by sustaining an enabling environment (S. Singh & Samara, 1996).

Early Child-Bearing

Inextricably linked to early marriage is early childbearing. As of 2019, adolescent girls (ages 15-19), have an estimated 21 million pregnancies each year in LMICs (*Adding It Up*, 2020). A review of data from 81 LMICs reveal that 19% of young women are pregnant before 18 and 3% before 15 (Loaiza & Liang, 2013). In comparison, only 2% of boys ages 15-19 have fathered a child (Santhya & Jejeebhoy, 2015). Progress in reducing early child-bearing has been slow (Santhya & Jejeebhoy, 2015), which is concerning given the negative health implications. Girls ages 15-19 account for 11% of births but, as a result of inadequate access to care and physical immaturity, account for 14% of maternal deaths (World Health Organization, 2012). Early childbearing also is associated with negative outcomes for the baby – higher likelihood of infant death and lower birth

weight – as well as increased risk of death and obstetric fistula for the mother (Chandra-Mouli et al., 2013; Conde-Agudelo et al., 2005).

Early childbearing also has socio-economic costs. After a girl becomes pregnant often her education ends, even in places where girls are allowed to return to school. A study in Chile based on a nationally-representative demographic and health survey estimated that teenage pregnancy decreases the likelihood of attending and completing high school by 21-31% (D. I. Kruger et al., 2009). With less education and more domestic responsibilities, economic opportunities for young mothers shrink. In addition to implications for the well-being of the girl and her family, there are productivity and economic growth effects at the national level. A World Bank study estimated that the economic cost of adolescent pregnancy (measured by lifetime lost income) ranged from 11% of annual GDP in Bangladesh to 30% in Uganda (Chaaban & Cunningham, 2011).

In addition to early marriage, many factors contribute to early childbearing in LMICs. Structural factors such as discriminatory laws and poor enforcement of laws meant to protect girls (and for instance, provide them access to contraception) (Williamson, 2013), national economic decline or crisis (which increases the likelihood of girls' early marriage and involvement in sex work) (World Vision, 2013), contribute to early childbearing, as do norms that deem motherhood to be the primary value of girls. At the household level, living in a rural area (N. Gupta & Mahy, 2003), having a mother who had an early pregnancy (Gigante et al., 2004), and low parental education (Kassa et al., 2018) are contributing factors. Experiences within interpersonal relationships also pose risks. Forced first sex and sexual coercion are associated with adolescent pregnancy (Geary et al., 2006; Vundule et al., 2001). In a secondary analysis of a population-based

household survey among 1,130 15-24 year-olds in Jamaica, girls who had experienced forced sex were twice as likely to have become pregnant than those who had not (Geary et al., 2006). Finally, substance use (Mmari & Sabherwal, 2013), low levels of education (D. I. Kruger et al., 2009), ethnic minority status (Williamson, 2013), and limited knowledge about and use of contraception (Mmari & Sabherwal, 2013) are associated with early child-bearing.

Education

Global consensus on the importance of education is enshrined in the Universal Declaration of Human Rights (UN General Assembly, 1948) and the UN Convention on the Rights of a Child (*Convention on the Rights of the Child*, 1989); both recognize education as an inalienable right and a necessity for securing a good quality of life. Education helps ensure the health and well-being of individuals, families, and nations. Increased education is associated with labor force participation (Grépin & Bharadwaj, 2015; Wodon et al., 2018), higher income (World Bank, 2018), and the ability to weather economic shocks (World Bank, 2011). Benefits of education specific to girls include increased age at marriage (S. Singh & Samara, 1996) and child-bearing (Grépin & Bharadwaj, 2015), as well as lower fertility rates (Viner et al., 2017), decreased likelihood of experiencing IPV (Abramsky, 2011), and increased ability to ensure the health of her family (World Bank, 2011). One of the most well-established findings of this effect is that higher maternal education is associated with reduced child mortality (Gakidou et al., 2010; Hobcraft, 1993). An aggregation of this effect among 175 countries found that 51.2% of improvements in child mortality over the last 45 years can be attributed to gains in women's education (Gakidou et al., 2010).

Although primary school enrollment globally has improved dramatically over the last 15 years and is nearly universal (conflict-affected countries remain the exception) (UNICEF, 2012; World Bank, 2016, 2018), low secondary school enrollment and completion and gender disparities remain in many low-income regions and countries (UNICEF, 2012; World Bank, 2016). For example, the out-of-school rate for lower secondary school globally is 15.6% (15.5% for male students, 15.6% for female students). In Sub-Saharan Africa, the rate is more than twice as high: 35.3% for boys and 38.1% for girls (UNESCO, 2019). It is worth noting that in some LMICs, particularly in Latin America, the gender disparity in secondary school actually favors girls (Benavot, 2016). The present study focuses on the factors that contribute to the gender gap that disadvantages girls.

Poverty is the most consistent barrier to school attendance and completion (Stash & Hannum, 2001; UNICEF, 2018), and intersecting disadvantages compound the problem. For instance, ethnic minorities, often socially and economically marginalized, have lower rates of enrollment and completion (K. Hallman et al., 2007; Taş et al., 2014). Disability also is relevant. In an analysis of 15 national household surveys in LMICs, participants with disabilities had greater educational deficits than youth without disabilities. On average, the proportion of youth out of school was 30% higher for those with (versus without) disabilities during primary and secondary education (Mizunoya et al., 2016). Parental levels of education also are associated with youth enrollment in most LMICs (Lewis & Lockheed, 2008). In Nepal, 10-15 year-olds were four times as likely to have ever enrolled in school if their parents had more than five years of education (vs. none) (Stash & Hannum, 2001). Another household indicator – discriminatory gender

norms – have particular implications for girls’ educational outcomes. Norms that assign domestic responsibilities to girls and disproportionately value boys’ education and earning potential can explain early dropout rates, as can normative practices of early marriage (Lloyd & Mensch, 2008). This is particularly the case in poorer households (World Bank, 2016).

Community-level factors matter as well. Evidence suggests that children in rural households are less likely than their urban counterparts to attend school. Urban youth in Senegal, for instance, are twice as likely to attend school than those in rural areas (United Nations Educational & UNESCO., 2008). However, infrastructure in many rapidly urbanizing cities in LMICs fails to accommodate the growing population and calls the stability of this finding into question (Birch, 2011). Regions affected by conflict and humanitarian emergencies face severe educational deficits. One-third of the 303 million out-of-school youth globally reside in conflict-affected communities (UNICEF, 2018). Adolescents in such settings are two-thirds more likely to be out of school than are those in conflict-free areas. The figure is worse for girls: they are 90% more likely to be out of secondary school (Benavot, 2016). As discussed later in greater depth, the documented gender inequity can be explained in part by parents’ safety concerns for their daughters.

School itself – the experiences within and the infrastructure – also has an impact on educational attainment, particularly for girls. School-related gender-based violence (SRGBV), defined as “acts of sexual, physical, or psychological violence inflicted on children in and around school, that are due to stereotypes or norms attributed to or expected of them on the basis of their sex or gender identity” (Greene et al., 2013) can disrupt girls’ education. Data about the prevalence and consequences of this type of

violence are beginning to emerge and early findings suggest that SRGBV, particularly in the form of sexual harassment and assault, is a factor contributing to girls' low enrollment rates, particularly past puberty (Antonowicz, 2010; Greene et al., 2013; Leach et al., 2014). Another important consideration is the lack of basic hygiene facilities. Inadequate sanitation infrastructure for menstruation can contribute to school absenteeism or dropout among girls as they reach puberty and begin to menstruate (Tegegne & Sisay, 2014). Distance from a school also is a factor. In many rural regions the nearest school can be far from home. Such distances have a greater impact on female than male enrollment (Burde & Linden, 2009). Although not systematically assessed, anecdotal evidence suggests a partial explanation for this gendered effect is concerns for girls' safety.

Self-Efficacy and Aspirations

In addition to the aforementioned concrete measures of well-being (that is early marriage, early childbearing, and education), self-efficacy and aspirations are also important indicators of well-being. Socio-emotional capital during adolescence has been linked to measures of socio-economic success such as earnings in young adulthood (Bandura, 1977) and mental health (Andretta & McKay, 2020). Self-efficacy, one's belief in their capacity to reach goals (Bandura, 1977), and aspirations - ambition for achievement - are two dimensions of socio-emotional capital and will be addressed in the present investigation. Adolescence, marked by transition and development of self-concept, is a time when having aspirations and a strong sense of self-efficacy can have a meaningful impact on the trajectory of one's life. Given that family is the primary

socializing sphere for children and youth, parents are a primary source for developing or diminishing self-efficacy and aspirations (Irwin et al., 2007).

The scholarly literature on the contributing factors to self-efficacy and aspirations and relation with later-life outcomes is scarce, but recent evidence indicates that the nature of these phenomena are sometimes gendered (Revollo & Portela, 2019), correlated with individual and household factors, and curtailed by environmental constraints.

Analysis of data from the Young Lives study in Ethiopia found that education aspirations in early adolescence predicted educational achievement in late adolescence. Moreover, aspirations differed by gender: girls in poor households were 12% less likely to aspire to college than boys in similar circumstances (Favara, 2016). The authors suggest that the gender gap in aspirations, particularly among adolescents in poverty, could signal a way in which gendered socio-economic inequality is perpetuated. In a study of aspirations among 2,425 Indian adolescent females from the state of Jharkhand, researchers found that parental education, age, social support, and parental education correlated with self-efficacy. Furthermore, self-efficacy was a key predictor of educational and employment aspirations (Roy et al., 2016). When residing in communities characterized by violence and economic deprivation, evidence suggests that adolescents adjust their aspirations downward (MacLeod, 1987). No research has linked parents' perceptions of safety and adolescents' aspirations or self-efficacy, however, these previous links of environment and aspiration suggest a potential connection. It may be that perceived insecurity (as relayed by parents) can influence one's belief in themselves and their hopes for the future.

Violence

Adolescent well-being cannot be fully understood without considering the experience of violence. There is growing recognition that violence against children and adolescents is common and has important implications for health trajectories. In addition to injuries, violence in adolescence can contribute to other acute physical health consequences including HIV and other sexually transmitted infections and unintended pregnancy (Grose et al., 2021) as well as long-term health concerns such as conditions associated with substance use and chronic illness (Clark et al., 2016). Violence in adolescence also has been found to be associated with mental health challenges including depression, anxiety, and suicidal ideation and attempts (Buka et al., 2001). Studies suggest there is a dose-response relationship between violence and health, such that revictimization or poly-victimization (both considered common among victimized youth) are linked to worse health outcomes (compared to a single victimization) (Bellis et al., 2015). These consequences of violence are similar for children and adolescents across global regions, regardless of social or cultural contexts.

Prevalence of violence varies regionally (but herein focuses on LMICs) and, importantly, by type of violence. According to a secondary analysis of Global School-based Health Surveys in 68 LMICs, one in three (35.6%) 12-15 year-olds had been physically assaulted in the past year; prevalence was higher for boys than girls (41.0% and 29.4%, respectively). Past-month bullying also was reported by one in three (34.4%) adolescents. Bullying was highest in the African region (43.9%) and lowest in the Americas region (25.7%). No difference in bullying was observed between boys (36.4%) and girls (32.1%) (Han et al., 2019).

In adolescence, when gender and sexuality have elevated significance and inequitable gender norms have growing effect, girls are at increased risk of certain types of violence (Mmari et al., 2017). Analysis of Demographic and Health Survey data for 14 LMICs revealed that one in three (28.1%) ever-partnered 15-19 year-old girls had ever experienced either physical or sexual intimate partner violence (IPV); prevalence was higher for physical IPV (24.7%) than sexual IPV (12.2%) (Decker et al., 2015). A recent global study conducted by WHO estimated that one in four adolescents had ever experienced physical or sexual IPV, suggesting IPV is even of greater concern for adolescents residing in LMICs (World Health Organization, 2021). Prevalence of IPV among boys is not collected by DHS, but many scientific studies illustrate that this type of violence is far more frequent among girls (Kidman & Kohler, 2020; Stark et al., 2019).

Non-partner sexual violence is another type of gender-based violence that disproportionately affects girls. Understanding the scope of sexual violence among adolescents is hindered by a limited number of studies on the topic and underreporting due to the stigma associated with sexual violence and fear of reprisal (Abrahams et al., 2014). Globally, it is estimated that 6% of women ages 15 and older have ever experienced sexual violence from someone other than a dating partner (World Health Organization, 2021). Little evidence, particularly, multi-country evidence from LMICs exist, but country-specific investigations may shed some light on the experience of sexual violence. For instance, in a study of 1,778 15-24 year-old girls in Kenya and 1,915 girls of the same age in Zambia, 21.4% and 16.9%, respectively, had experienced non-partner sexual violence in the past year (Mathur et al., 2018). Interestingly, this study had a narrower definition of sexual violence (by only including forced or attempted rape),

whereas, the global study, with the lower estimate 6% of all women ages 15+), had a broader definition (that included any unwanted sexual act) (World Health Organization, 2021).

Variation in definition of sexual violence presents a challenge to understanding the phenomenon and differentiating from other types of violence, namely, child sexual abuse (CSA). CSA is often considered (though not always) the sexual maltreatment of a child under 18 by an adult (Veenema et al., 2015). This classification excludes victimization by a peer and could be considered a subset of non-partner sexual violence. Similar to non-partner sexual violence, little data documenting the prevalence of CSA exists, particularly in LMICs, and those that do rely on retrospective accounts by adults (Veenema et al., 2015). These can provide some evidence on scope and inequities but cannot comprehensively illustrate the phenomenon or isolate the experience of adolescents in LMICs. For instance, a meta-analysis of 331 studies on CSA from LMICs and HICs, which includes nearly 1 million respondents combined, indicated that global prevalence of CSA is 11.8% and gender differences exist. Nearly one in five girls (18.0%) compared to under one in ten (7.6%) boys had ever experienced CSA (Stoltenborgh et al., 2011). This is consistent with other meta-analyses (Pereda et al., 2009).

Although the central construct of the present investigation is parents' perceptions of safety (and not experiences of violence), the actual risk of violence among adolescents is important to consider and likely has an effect on parents' safety concerns. Given the elevated risks girls (compared to boys) at this age face for certain types of violence such

as IPV and non-partner sexual violence, one could expect disproportionately elevated fears for their safety. The following section will explore this further.

CHAPTER 3: UNDERSTANDING PERCEPTIONS OF SAFETY

Fear of Crime

Perceptions of safety in public space largely have been conceptualized and examined as the fear of crime. As an area of inquiry, fear of crime became notable in the 1980s and a focus of criminal justice policy, crime prevention, and policing, primarily in urban, industrialized contexts (Hale, 1996). Most of the studies cited in this section are based on adults residing in high-income countries (HICs). They comprise the bulk of the literature on fear of crime and may offer suggestions useful for the study of fear of crime in low- and middle-income countries (LMICs). Despite an ongoing debate on the definition of the fear of crime (Ferraro, 1996), there is a general consensus that it is a social problem with quality-of-life impacts. Fear of crime diminishes community social cohesion (Markowitz et al., 2001), individuals' mental health (Lorenc et al., 2012; Whitley & Prince, 2005), and restricts people's behavior such that they limit activities and mobility outside of the house (R. H. Pain, 1997; Whitley & Prince, 2005). Women are substantially more fearful of crime than men (Ferraro, 1996; May et al., 2009; Pantazis, 2000). A study using the 2006 General Social Survey, which is representative of English-speaking households in the United States, found that men were 70% less likely than women to report feeling fearful of crime (Cossman & Rader, 2011). Women face greater consequences, in particular constrained behavior, as a result. For example, a representative survey in Kentucky indicated that women who feared crime were more likely than their fearful male counterparts to engage in avoidance (e.g., limiting activities and mobility) and defensive (e.g., purchasing a weapon or security system) behaviors (May et al., 2009). These findings corroborate qualitative findings of earlier research on

how fear and concern for safety in public space cause women to constrict their lives (Gardner, 1989; R. H. Pain, 1997).

Despite women's disproportionate fear, according to some research they are much less likely than men to be victimized in public space. This discrepancy has been called the "gender-fear paradox" (Ferraro, 1996). Some have challenged such a label given that crime victimization surveys do not account for the broad range of abuse women face in public space such as sexual harassment (Gardner, 1989). Therefore, women's actual risk of victimization and whether or not their fear is disproportionate is unclear. That women are more likely to be the victims of sex crimes, likely explains some of their fear (Stanko, 1990; Valentine, 1989). The fear of sexual assault – and the related concern for victim-blaming and psychological harm – may be the driver of women's fear in public space (Ferraro, 1996; R. Pain, 2001; Warr, 1984). According to Warr "fear of crime is fear of rape" for many women (Warr, 1984). Findings across many quantitative studies support the idea (Fisher & Sloan, 2003; May, 2001; Mellegren, C. & Ivert, A, 2018).

Individual-level factors in addition to gender are associated with fear of crime. For instance, age is important such that the elderly are more fearful of crime than are younger persons (Evans & Fletcher, 2000). Indicators of social vulnerability (Boldis et al., 2018) including race (Bolger & Bolger, 2019; Cossman & Rader, 2011; Skogan & Maxfield, 1981), sexual orientation (Mellegren, C. & Ivert, A, 2018), and socio-economic status matter as well (McKee & Milner, 2000; Pantazis, 2000; Schafer et al., 2006). Racial minorities, non-heterosexual individuals, and people living in poverty are more fearful of crime. Economic status may matter because people living in poverty are disproportionately exposed to danger and have less means to protect themselves

(Pantazis, 2000). Racial minorities, non-heterosexual individuals, and those living in poverty may also have fewer means for responding to or recovering from crime and therefore, fear it more. Poor perceived health status also is associated with higher levels of fear of crime possibly as a function of one's perceived vulnerability (Cossman & Rader, 2011). Finally, the association between crime victimization and fear of crime is inconclusive. Early fear-of-crime research found victims of crime more fearful, but more recent studies have had mixed results. Recent research has found that, when it comes to fear of crime, victimization matters only for females (May & Dunaway, 2000) and indirect victimization (or victimization of someone in one's social network) is more relevant than direct victimization, particularly for people residing in communities with perceived disorder (Roccato et al., 2011).

Community-level factors are associated with crime-related fear. Neighborhood conditions including low socio-economic status (Fitzgerald, 2008), perception of neighborhood disorder (Bolger & Bolger, 2019; Scarborough et al., 2010; Schafer et al., 2006), and urban locale (Skogan & Maxfield, 1981) contribute to higher levels of fear and concern for safety. Several studies have focused on the fear of crime as a multi-level phenomenon taking into account individual- and community-level factors simultaneously. An analysis using survey data in Kansas City found that high social cohesion was negatively associated with neighborhood disorder and positively associated with individual-level fear of crime (Scarborough et al., 2010). A similar relationship was found between neighborhood-level social capital and individual fear of crime in Michigan (D. J. Kruger et al., 2007). In an analysis of a nationally representative sample in the United States using hierarchical linear modeling, researchers found a complex

interplay of factors predicting fear of crime. Being female, older, and college-educated were significantly associated with fear of crime, even when considering higher-level factors. However, urban, low-socio-economic status, and family disruption also mattered, supporting the hypothesis that individual-level fear is also predicted by neighborhood-level factors (Porter et al., 2012).

The fear of crime literature is robust and has important implications for the present investigation, however, it is limited in that it primarily focuses on adults residing in HICs. There also is a literature on the sense of safety of adolescents in HICs. I will summarize that literature then turn to studies conducted in LMICs. Perceived safety of adolescents specifically has been largely explored in urban areas. A study in five U.S. cities examines the interaction between gender, socioeconomic status, and perceived safety among adolescents and documents the implications for their long-term well-being. A mixed-methods evaluation was conducted on the Moving to Opportunity program, which relocates families from high- to low-poverty neighborhoods. Seven years after relocation, girls in the experimental group (those who had been relocated) were less likely than those in the control group (those who did not move) to have psychological distress, anxiety, or use substances. Boys in the experimental group, however, reported more behavioral issues and were more likely to use substances than boys in the control group. Qualitative follow-up with 122 randomly selected families across three of the five intervention sites (i.e., Boston, New York, and Los Angeles) helped explain the unexpected gender disparities and a possible mechanism for the positive effects for girls. According to focus groups and interviews, girls' fear and concern for safety, which was in part attributed to the perceived risk of sexual assault and harassment, had dramatically

and sustainably reduced after moving. Girls and their mothers identified this shift as the mechanism for reduced stress and anxiety. The authors concluded by calling for programs that recognize “an improvement in safety...directly affects the mental health and overall well-being of teenage girls” (p. 23) (Popkin et al., 2010). The authors speculated that such improvements may be important for education and employment outcomes.

Most research on adolescents and urban neighborhoods in HICs is concerned with victimization, however, a few studies have examined perceived safety and found results similar to studies with adults. Girls are more fearful than boys in public space (Abrahamsson, 2016; Johansson et al., 2010; O’Brien et al., 2000) as are youth from low socio-economic households (Bromley & Stacey, 2012). Perceived insecurity was found to be associated with poorer health for boys and girls (Abrahamsson, 2016) and constrained mobility for girls and ethnic minorities of both genders (O’Brien et al., 2000).

Perceptions of Safety in LMICs

Given that fear and its impact are shaped by a person’s social environment, the findings of these HIC studies may not be relevant to LMICs. The literature on fear of crime in LMICs (Frimpong, 2016; Lemanski, 2004; Sulemana, 2015) is in its infancy and has not yet examined comprehensively the contributing factors or consequences of fear of crime. One mixed-methods study in urban Ghana, using a probability sample of 2,745 households, examined one determinant of fear of crime: gender. Women across all socio-economic neighborhoods were significantly more likely than men to report being fearful of crime victimization (Wrigley-Asante, 2016). In another study of 523 university students in Kenya, gender, age, and prior victimization all predicted fear of crime (Pryce

et al., 2018). Finally, a large study (n=57,121) using Mexico's National Survey of Victimization and Perception of Security corroborated the importance of prior victimization and indicated that violence levels (in this case, homicide rates) at the municipality level significantly contributed to individuals' fear of crime (Gaitán-Rossi & Shen, 2018).

The grey literature on safety (or feeling unsafe) and street harassment in cities provides an increasingly common way to understand perceptions of safety in public space in LMICs. Efforts to examine and address safety in public space gained momentum in the early 2010s. A 2011 Gallup poll of 181,567 people in 143 countries documented that women feel less safe in public than men. There was a 10-percentage point gap between women and men (62% and 72%, respectively) in feeling safe walking alone at night. The gap was more pronounced in certain countries (both LMICs and HICs). Women felt the least safe and had the greatest gap with men in Afghanistan (21% of women and 35% of men felt safe) and Algeria (32% and 66%, respectively) (Gallup, 2011). National studies exploring safety in public space in greater depth offer more stark statistics. In a UN Women study of 2,332 young women in Egypt, 99.3% of women and girls reported having experienced at least one form of harassment (e.g., obscene language, touching) in public space. In addition to emotional and psychological consequences, respondents indicated that they risked intimate partner violence as a result of the street harassment. Among married women (N=1,009), 55.1% reported that if their husband learned of harassment she would likely be blamed, physically abused, and prevented from going out alone. These conditions, in turn, contribute to women and girls feeling unsafe in public space. Of the total sample, 82.6% reported feeling unsafe on the street (UN Women,

2013). These numbers are stark but not representative of the total population of women. Convenience sampling, centered in the capital city, Cairo, was used to recruit research participants.

In addition to UN Women, other international organizations prioritize the safety of women in cities. UN Habitat, an early leader of this effort, for instance, supports gender-sensitive urban policy to address violence, safety, and mobility concerns of urban women across its global network of cities (UN Habitat, 2017). Likewise, Action Aid is implementing its Safe Cities Programme in 13 countries, promoting women's "right to the city," and working to create safer and more inclusive urban environments for women and girls. As part of the Safe Cities initiative, Action Aid conducted a seven-country (Bangladesh, Brazil, Cambodia, Liberia, Nepal, South Africa, and Zimbabwe) study on the experiences of violence and fear of violence among 3,000 urban women (using convenience sampling techniques in each country). Perceptions of safety were assessed in two of these countries. In Brazil, 93% of 306 women reported feeling unsafe in their community; in Zimbabwe, 64% of 426 felt unsafe. Evidence from qualitative follow-up points to some of the consequences of feeling unsafe. Women reported dressing more conservatively and changing their routes when they felt unsafe. They also reported not going to work, attending school, or participating in leisure activities, all of which have potential negative long-term socio-economic impacts for women and girls (Action Aid, 2015).

Additional grey literature has focused on India, where women's safety in public space gained international attention following a 2012 gang rape of a 23-year-old female medical student riding a New Delhi bus; she died of her injuries (Mosbergen, 2012).

According to a study conducted by the International Center for Research on Women later that year, 95% of a representative sample (n=2,001) of women and adolescent girls residing in Delhi consider public space in the city unsafe (UN Women, 2012b). A previous study by the International Labor Organization found concerns for safety to be a key constraint of female labor force participation in Delhi (Marmot et al., 2008).

Although this NGO-driven literature sheds some light on the prevalence and consequences of insecurity in public space for women's well-being and achievement in LMICs, it is limited in several key ways. First, many of these studies apply weak methodologies that rely on convenience sampling so cannot offer a population-based understanding of perceptions of safety. Second, even in those studies that use representative sampling to establish prevalence of feeling unsafe, examination of the consequences of this fear are assessed through qualitative-follow up. This is a necessary first step to assess whether women's well-being is compromised by feeling unsafe in public space but does not provide crucial evidence of the link. Third, concern for safety in public space was strong in the first half of the 2010s, but interest and investment has waned as evidenced by the fact that few studies since 2016 have assessed safety. Continued and current research is needed to better understand and address concerns for safety. Finally, the studies in LMICs investigated but did not disaggregate the experience of adolescent and adult females. Given the evidence that adolescence marks a critical period where young people are sensitive to their environment and experiences can have a lasting impact on their development, getting a better understanding of the perception of safety in public space and its consequences in this period is important.

Little research has been conducted on the perceptions of safety of adolescents in LMICs and the impact of these on well-being. An exception is a participatory mapping study with adolescent boys and girls in South Africa. By having youth draw a map of their community and note safe and unsafe spaces, the authors found that grade 5 boys and girls defined their community in equal sizes, whereas grade 8-9 boys' areas were larger than the younger boys and grade 8-9 girls. Grade 8-9 girls' maps were smaller than the girls in grade 5. Additionally, across all ages, girls rated 60% of community space as unsafe, whereas boys marked 40% (K. K. Hallman et al., 2015). This study does not reveal anything about drivers of perceptions of safety, however, it does illustrate a gendered difference in accessible, safe space and the potential constriction of mobility of older adolescent girls. However, findings are limited by a small sample size (n=68) and a cross-sectional design. Perceptions of adolescents in grade 8-9 cannot be considered the future experiences of those in grade 5.

Parents' Perceptions of Adolescent Safety

The relationship between safety and well-being of adolescent girls is influenced by choices made by their parents. Conflict-affected areas are settings where the relationship between safety and well-being among adolescents is garnering attention: girls are marrying early and dropping out of school. High dropout rates are a concern for both male and female children affected by conflict and have been explained by factors including family-level economic deprivation and community-level infrastructure loss (Justino et al., 2014; Verwimp & Van Bavel, 2014). In some conflict settings losses for girls exceed those of boys (P. Singh & Shemyakina, 2016) and have been attributed, in part, to parents' concerns for their daughters' safety (Shemyakina, 2011). A growing

literature suggests that in addition to financial distress, fear of sexual assault and concerns for girls' safety compel parents in these conflict areas to arrange early marriages for their daughters (Spencer, 2013; Women's Refugee Commission, 2016; World Vision, 2013). Girls are perceived to be physically safer in a married relationship and under the protection of a man. This may be particularly the case in settings where a woman's honor and reputation is inextricably linked to her sexual purity – something at risk of tarnish where sexual violence is a threat (Women's Refugee Commission, 2016).

A recent mixed-methods study among heads of households in villages vulnerable to extreme weather events in Bangladesh further codifies the link between perceived threats to safety and early marriage. In interviews with 40 household heads about the consequences of weather crises, early marriage of daughters was identified as a coping mechanism. Marrying daughters early was reported to be a strategy to reduce household expenses during a crisis and to protect her "marriageability" as the threat of sexual violence loomed in the temporary shelters many reside in following a cyclone or severe flood (Ahmed et al., 2019). There is no evidence that early marriage is a strategy used to protect the safety of boys in these settings.

Parents' executing strategies for protecting their children's safety is not limited to crisis-affected areas and across multiple contexts, generally, greater control typically is exerted over girls and more autonomy granted to boys (Carver et al., 2010; Foster et al., 2014). For example, in Australia (n=440), parents were more likely to restrict girls' than boys' outdoor activities when concerned for risk of the child's harm in the neighborhood. In India, the production of girls' safety often takes the form of parental surveillance and restricting their daughter's access to public space (Dhillon & Bakaya, 2014; Phadke,

2007). This is true in other countries as well. As part of the longitudinal Global Early Adolescent Study, 202 adolescents and 191 parents from six urban centers (Baltimore, U.S.; Ghent, Belgium; Nairobi, Kenya; Ile Ife, Nigeria; Assuit, Egypt; and Shanghai, China) were interviewed about the gendered risks associated with adolescence. Parents and youth across all sites (with the exception of Ghent) believed that girls faced greater risks than did boys following pubertal development, specifically in the form of harassment and sexual violence, and required increased protection. As a result, girls experienced diminished autonomy and freedom to walk independently when they reach puberty. In contrast, boys were perceived to develop strength and toughness with the onset of adolescence and were afforded more independence (Mmari et al., 2018).

Parents' fears for safety do not impact only girls. In a study of 1,231 10-12-year-olds and their parents in Perth, Australia, parents' fear was associated with lower odds of independent mobility for both genders (Foster et al., 2014). In a study among 928 adolescents and their parents in Baltimore, MD and Seattle, WA, a moderating effect of gender on the relationship between parents' perceptions of safety and adolescent physical activity was statistically significant for boys and only as it related to their activity in parks (not their neighborhood or when biking/walking) (Esteban-Cornejo et al., 2016).

Parents' concerns about their children's safety and well-being have primarily been linked in the literature addressing child physical activity and "active transport" (e.g., walking or riding a bike to school), as referenced above. Most such studies have been conducted in urban, industrialized cities in HICs. Several have found that parents' perceptions of neighborhood safety is correlated with their children's physical activity (England, 2006; Huertas-Delgado et al., 2018). A review of these studies indicates that

parents are concerned primarily with the danger posed by strangers and traffic. Inference as to the causal link between safety concerns and reduced physical activity is constrained by the cross-sectional study designs, however, many hypothesize that mobility restriction by parents mediates the relationship (Carver et al., 2008). This hypothesis is supported by research that examined both the parents' and the adolescents' perceptions of safety; they find that the parents beliefs alone are associated with limited mobility (Esteban-Cornejo et al., 2016; Huertas-Delgado et al., 2018). Using panel data from the United States-based Early Childhood Longitudinal Study and applying both cross-sectional and longitudinal analysis, researchers found that children were more sedentary and had less outdoor physical activity if their parents perceived their neighborhood as unsafe. The relationship between the variables was weaker in longitudinal models, which suggests that cross-sectional designs may overestimate the relationship (Datar et al., 2013).

A notable limitation of the parents' perceptions of adolescent safety and mobility literature is the absence of gender. Few studies examine specifically if the impact of parents' safety perceptions have differences for children by gender. Another limitation of the literature is the cross-sectional nature of most studies, which precludes examination of how parents' perceptions of safety shape their child's long-term well-being. For the most part, studies examined concurrent associations, that is, the correspondence between parents' perceptions of safety and adolescent well-being (for instance, physical activity) in the same time. Consequences of the association have been assessed largely with qualitative methods. Longitudinal analysis of the long-term consequences of parents' concerns is necessary.

Socialization, as well as mobility restriction, may affect parents' perceptions of safety and well-being outcomes for adolescents. Parents are important facilitators of socialization in childhood and adolescence; they guide the development of values, norms, and behaviors (Steinberg, 2010). Learning gender roles and expectations, as well as understanding one's vulnerability (Goodey, 1994), is a critical component of children's socialization (Witt, 1997). Some assert that fear is constructed through parental warnings (Valentine, 1992) and that girls are socialized to feel more fearful than boys because the threat of sexual violence is gendered and omnipresent (Burt & Estep, 1981; Warr, 1984), Messages girls receive from an early age that the danger of sexual violence is inevitable and lies in public space (Stanko, 1990) likely shape the boundaries of girls' (and later women's) social and economic worlds. This is not to say parents' fears cannot be transmitted to boys, they can (May et al., 2002), but the impact for girls – the choices they make or are forced to make within the constraints of their fear and the fear of their parents – may be more consequential.

CHAPTER 4: CONCEPTUAL FRAMEWORK AND RESEARCH QUESTIONS

The goal of this research is to examine parents' perceptions of adolescent safety, the association of these perceptions with adolescent well-being, and the potentially gendered nature of this association. Two theoretical frameworks help shape this study: the social-ecological model and feminist geography.

Social-Ecological Model

Bronfenbrenner's social-ecological model posits that human development is influenced by the dynamic interplay of a person with his or her social environment (Bronfenbrenner, 1994). Specifically, the theory postulates that there are four ecological systems within which a person exists. The *microsystem* entails those most immediately connected with the child (e.g., family, peers, school). The *mesosystem* represents interactions within the microsystem (e.g., the relationship between family and peers). The *exosystem* links a child's immediate context and one in which the child does not play an active role (e.g., the effect of a parent's new job on the child's home life). The *macrosystem* represents the cultural context within which the child exists (e.g., the socio-economic environment, shared cultural norms). The systems are thought to interact reciprocally and change over time continually shaping a person's behavior and development.

The Bronfenbrenner model has been adapted to enhance its specificity and applicability to various fields of study as well to make it easier to identify points of intervention. Public health researchers, for example, have revised the model to help explain factors associated with perpetrating violence, vulnerability to violence, and how violence impacts people's lives at various ecological levels (Heise, 1998; Krug et al.,

2002). The Centers for Disease Control and Prevention uses a modified framework for violence prevention that designates the ecological levels of interest as the individual (e.g., personal attributes), household (e.g., characteristics of a person's living environment), community (e.g., features of a school or neighborhood environment) and societal (e.g., cultural norms) (Centers for Disease Control and Prevention, 2013). The model has been used in previous research on fear of crime to examine the multidimensional nature of the phenomenon (Sreetheran & Van Den Bosch, 2014).

The present investigation uses the aforementioned public health framework to examine factors associated with parents' perceptions of safety. I focus herein on the first three levels of the model, that is the individual, household, and community. At the individual level, demographic characteristics of the child (e.g., gender, ethnicity) and parent are relevant given established links in earlier studies, and therefore examined. Household-level factors focus on attributes of the living environment (e.g., number of people living in the household). Community-level factors include region and urbanicity. Additional factors at the societal level, such as social policies and social norms, also can be expected to influence perceptions of safety. Although including these macro-level factors was not possible with these data, inter-country comparisons were conducted and may help illuminate potential structural factors of importance.

Feminist Geography

This study also draws upon the tradition of feminist geography – an application of feminist theory to the study of space and those who occupy it (Massey, 2013). Feminist geography began with the intent to “recover women in human geography and to address geographers' persistent erasure of gender differences...[and to focus] on challenging

male dominance, making women's lives visible and counting and 'mapping' gender inequalities" (p. 287) (England, 2006). Feminist geographers believe that space and its occupation are dynamic products of social, political, and economic structures, they are not "natural" phenomena (Frye, 2001). Mapping feminist theory onto this conceptualization of space reveals how certain spaces are unavailable to women, which in turn limits their access to resources, knowledge, and power (Massey, 2013). Underscoring the cause-and-effect nature of space, "The 'spatial' is not just an outcome; it is also part of the explanation," (p. 4) (Massey & Allen, 1984). which has implications for women: "While it would be simplistic to argue that spatial segregation causes gender stratification, it would be equally simplistic to ignore the possibility that spatial segregation reinforces gender stratification" (pg.6-7) (Spain, 1992).

The feminist geography framework has been used to describe the historical separation of private and public space, illustrating the designation of the former as women's sphere and the latter as available only to men (Spain, 1992). Gender norms that assign domestic duties to women help explain and reinforce these designations, as does the characterization of public space as unsafe for women and girls who are at risk of sexual violence (Mehta, 1999; R. H. Pain, 1997).

The notion of unsafe public space garnered particular attention among feminist urban geographers in the early 1990s, which elevated women's fear in cities as a critical topic of research (Frye, 2001). A key tenet of the body of work is that the failure to recognize women's fear and its origins in both the anticipation of sexual assault and actual victimization inhibits an understanding of gendered spatial exclusions (R. Pain, 1991). Reinforcing such fear among women and girls and those tasked with protecting

their safety serves to reproduce exclusions from public space, traditional notions of women's roles, and socio-economic inequality between men and women (Valentine, 1989, 1992). Feminist geographers, challenging the notion that urban space should be regarded as dangerous for women, shifted the focus from retreat to occupation. Simply put, emphasizing fear reproduces the image of women as victims whereas taking possession of space by "walking boldly" is conceptually and theoretically more useful to greater change-making (Koskela, 1997).

Although feminist geography's primary focus has been the study of how space and gender interact, scholarship during the past decade has contested the universality of the female experience and recognized the multidimensional nature of women's lives. Intersectionality, an analytic tool for understanding the ways in which different social identities (e.g., gender, race, class, age) contribute to unique experiences of oppression and privilege, originates in Black feminist thought (Collins, 2002; Crenshaw, 1991). The adoption of intersectionality within feminist geography has led to the examination of multiple identities to more deeply understand how spatial ordering contributes to power imbalance, social inequality, and social exclusion across and within genders (Valentine, 2007). Although women and girls from all races, religions, and socioeconomic groups experience fear and victimization in public space, certain groups may be uniquely vulnerable for a variety of social, political, and historical reasons and others, because of socio-economic advantages, may be able to more easily circumvent the effects of violence (Stanko, 1990; Valentine, 1989).

If the social ecological model illustrates the different spheres of one's life – their social environment - that shape beliefs and behavior, feminist geography takes a

gendered lens to that environment. It centers the woman's experience of the environment, acknowledges the particularities of this experience, and implicates a social structure in creating environments that intend to exclude women. The present investigation will use these two theoretical frameworks to (1) explore how parents' perceptions of adolescent safety are shaped by factors in different social ecological spheres and (2) consider how space and gender interact to perpetuate inequalities, by investigating how the relationship between parents' perceptions of adolescent safety and adolescent well-being is different for girls and boys.

Research Questions

Using data from the Young Lives study, a panel study of the trajectory of youth from childhood through adolescence in LMICs, the present investigation examined the phenomenon of parents' perceptions of adolescent safety in public space and the association of these perceptions with adolescent well-being.

The investigation addressed the following research questions:

1. What demographic factors are associated with parents' perceptions of adolescent safety in public space?
 - a. Do these vary by gender of the adolescent? If so, how?
2. To what extent are parents' perceptions of adolescent safety in public space associated with adolescent well-being (secondary school completion, early marriage, early childbearing, aspirations, self-efficacy)?
 - a. Do these associations vary by gender of the adolescent? If so, how?

Quantitative, longitudinal analysis of the relationship between parents' perceptions of safety and adolescent well-being in LMICs is rare. The limited available evidence suggests that perceived safety and well-being vary by gender of the child. The present investigation contributes to the nascent literature.

CHAPTER 5: METHODOLOGY

Study Design

The goal of the present investigation is to understand parents' perceptions of the safety of their adolescent offspring. The investigation examined the factors associated with parents' perceptions of adolescent safety in public space, the extent to which these perceptions are associated with adolescent health and well-being, and whether these perceptions and their relationship to well-being differs by gender of the child. Figure 1 depicts the conceptualization used to guide analysis.

Multi-country panel data were assessed using a series of multivariate logistic regressions, which enabled the examination of the relationship between parents' perceptions of adolescent safety in public space at age 15 and well-being at age of 19, which is generally considered the end of adolescence. The statistical techniques also enabled the determination of whether and how parents' perceptions of safety and their relationship to well-being outcomes varied by gender. Cross-national comparisons of adolescents from three very different low- and middle-income countries (LMICs) – Ethiopia, Peru, and Vietnam – added depth to the analyses. Examining phenomena across varying social, political, and economic contexts enables an understanding of the extent to which these experiences are universal or whether there are certain contexts where they are more common. The data source will be described in some detail after country-specific considerations are addressed.

Study Settings

Ethiopia

Despite recent economic growth, Ethiopia remains one of the world's poorest countries (USAID, 2017). Ethiopia is low on the Human Development Index (HDI) (UNDP, 2017), a composite measure of life expectancy, mean years of schooling, and gross national income per capita and is meant to reflect the overall well-being of a country's population. Ethiopia ranks 174th out of 188 countries (Jahan, 2016). One-third of its population (99.5 million) lives below the poverty line of earning less than \$2 per day (USAID, 2017).

Although measures of child and adolescent well-being are similarly poor, primary school enrollment is an exception. In 2014, net primary school enrollment, or the proportion of students enrolled at the correct age, was near universality (92.6%) and near gender parity (95.1% of boys, 90.1% of girls), a substantial gain from 48.8% in 2000. These improvements have been attributed to a substantial expansion of primary schools. They figures may be tempered by dropout rates, which range from 10-32% across the various years of primary education (UNESCO, 2015a).

Enrollment drops substantially at the secondary level. Only 20.2% of school-age children are enrolled in grades 9-10. Girls are slightly more likely to be enrolled in these grades (20.9% of girls vs. 19.6% of boys) (Central Statistical Agency (CSA) [Ethiopia] and ICF, 2016).

Girls may fare slightly better in education, but high rates of child marriage and early pregnancy disproportionately impede their well-being. The legal age of marriage for both girls and boys in Ethiopia is 18 and there are provisions in the criminal code for

violation. Nonetheless, according to the 2011 Demographic and Health Survey (DHS), 63% of women ages 15-49 were married by 18. Early marriage in Ethiopia is primarily a rural and female phenomenon (Central Statistical Agency (CSA) [Ethiopia] and ICF, 2016). As in many countries, economic factors and gender norms, in this case that promote the preservation of pre-marital virginity and purity, are the driving forces behind many early marriages (Pankhurst et al., 2016). According to 2016 DHS data, 13% of 15-19 year-olds have begun childbearing. The proportion of girls giving birth in their teens decreases with increased wealth and education and is lower in urban than rural areas (Central Statistical Agency (CSA) [Ethiopia] and ICF, 2016).

The scarce literature on safety in public space for adolescents in Ethiopia identifies particular concerns of parents. These include for girls, as noted earlier, the perceived risk of pre-marital sex, sexual assault, and forced marriage by abduction. For both boys and girls, sex and labor trafficking is a notable risk, though particularly for boys in the rural regions in the North (Save the Children, 2015).

Peru

The development context of Peru is considerably better than that of Ethiopia. Considered “high” on the HDI, Peru ranks 87th out of 188 countries (Jahan, 2016). Of its 31.3 million inhabitants, only 3.7% live below the poverty line (World Bank, 2017).

In many respects, the gender environment in terms of access to opportunity and achievement in Peru is fairly equitable. Net enrollment in primary school is 94% and in secondary school is 77.9%. Girls have a slight edge at both levels (94.4% vs. 93.8% in primary and 78.6% vs. 76.7% in secondary). This advantage is not universal among girls. Rural (vs. urban) and indigenous (vs. those whose mother tongue is Spanish) have much

poorer education outcomes. Wider gaps exist between these groups of girls and their male counterparts, than in the general population (UNESCO, 2017).

Early marriage and childbearing are a problem in Peru, hindered by legislation that designates 16 as the legal age of marriage for both boys and girls. According to the 2012 Demographic and Health Survey, 21% of 18-49 year-old women were married before 18. Analysis of a younger cohort (girls age 18-22) suggests that the prevalence of early marriage is decreasing: only 17.3% were married before 18. Early marriage functions similarly in Peru as it does elsewhere: it is more prevalent among girls, in rural areas, and among poor families (Male & Wodon, 2016). Although little has been written about the norms impelling the phenomenon, evidence regarding gender norms more broadly indicates that prevailing gender roles dictate that men should possess household economic power while women are caretakers in need of protection. The gender stereotypes, despite being malleable, frequently contested, and experienced differentially across the country, contribute to an understanding of gender inequality in Peru (Krumm, 2014).

Scientific evidence of factors contributing to parental concerns for adolescent safety in Peru is non-existent. However, fear of adolescent girls living in Lima echoes findings in other major cities (Travers, K et al., 2018). The threat and experience of sexual assault and harassment contributes to their own feelings of insecurity in the city and their reticence to travel alone on the street or by public transportation.

Vietnam

Vietnam ranks 115th of 188 countries on the HDI and is considered to have “medium” human development (Jahan, 2016). Of its 91.7 million people, 8.4% live below the poverty line – a proportion quite low for the region (Việt, 2017).

In 2000, as a result of education reform, Vietnam achieved universal primary education. Problems with school attainment, however, remain. To address these challenges, in 2003, Vietnam adopted the National Educational for All Action Plan. Overcoming gender disparities was among its priorities. Net enrollment in lower secondary school at the start of the Plan was 76.9% overall, 77.2% for boys, and 76.6% for girls. A decade later the gap widened. Overall enrollment in 2013 was 88%, yet 92% for boys and 84.9% for girls. The disparities are more pronounced in regions with large ethnic minority populations (UNESCO, 2015b).

The Vietnamese government also prioritized addressing child marriage. The 2014 Law on Marriage and Family set the legal age for marriage for girls at 18 and for boys at 20. According to UNICEF’s 2014 Multiple Indicator Cluster Survey, of girls age 15-19, 10.3% were married before 18 (United Nations, 2016). Prevalence is higher among ethnic minorities, for example, it is 33% among H’mong communities. Although the prevalence is unknown, marrying boys early is believed to occur in these groups (Jones et al., 2014). Less (vs. more) educated girls and boys are more likely to be married early (H. Nguyen et al., 2016). As is common in other settings, drivers of the phenomenon include economic need and gender discrimination. The latter materializes as the belief that there is a greater advantage to educating boys and preparing them for the labor market and that as income-generators, they should have more control over who and when they marry. Although

early childbearing is associated with early marriage in ethnic minority and rural communities, the link is weaker elsewhere (Hang, 2016).

Gender-specific concerns for safety are similar to those in other countries and include sexual assault and harassment, and, in rural areas, kidnapping of girls and forced marriage (Travers et al., 2013). Road traffic injuries (RTIs) are a safety hazard specific to Vietnam among the three countries studied; and are relevant for both boys and girls. The burden of injuries among adolescents as a result of traffic accidents is substantial: in Vietnam, RTIs are the leading cause of non-fatal injury among people under 20 (Le & Blum, 2013).

Data

Overview

Data for this study were drawn from Young Lives, a longitudinal study of 12,000 girls' and boys' trajectory from childhood to early adulthood in Ethiopia, Vietnam, Peru, and India. Young Lives examined multiple dimensions of childhood poverty and tracked a variety of child welfare outcomes (including physical health, socio-emotional well-being and life skills development) from 2002-2016. In 2002, a younger cohort (2,000 children ages 6-18 months) and an older cohort (1,000 children ages 7-8 years old) were recruited in each country. Five rounds of data collection have been conducted: the first round of questionnaires was administered in 2002; rounds 2, 3, 4, and 5 were conducted in 2006-2007, 2009-2010, 2013-2014, and 2016, respectively. Questionnaires for the younger cohort (after age 8), older cohort, caretakers, and community representatives were administered in each round of data collection. Topics covered in the child and caretaker questionnaires depended on the life stage of the child during that round of data

collection. Community questionnaires were the same in each round and examined characteristics of the area, including access to services, crime, and migration. Questions were consistent across locales so as to allow for multi-country comparisons (Barnett et al., 2013). Attrition rates were low, particularly in comparison to other longitudinal studies in developing countries (Outes-Leon & Dercon, 2008). Attrition from the first to the final round of data collection across all countries 6.5%. The data were collected by the Department of International Development at the University of Oxford and are publicly available.

Sample

Overview

Young Lives utilized a sentinel site sampling method in which 20 locales were selected in each country; sites in poor areas were oversampled. Within each site, households containing a child within the required age range were identified and 150 were randomly selected. The sentinel site sampling method was followed in each country but, as described below, the sampling procedures varied as a function of geographic and administrative national characteristics. Analysis suggests the data are broadly representative of each country's population, with the exception of children from the richest households, who are underrepresented (Outes-Leon & Dercon, 2008). Because of this, population weights are not applied to the data. Refusal rates at baseline were less than 2% across all countries. Replacement sampling was used in these cases (Barnett et al., 2013). Young Lives follows youth in four countries – Ethiopia, India, Peru, and Vietnam. Data in India did not support the analysis of the present investigation; only Ethiopia, Peru, Vietnam were included.

Ethiopia: One city (the capital, Addis Ababa) and four regional sites were selected to ensure national coverage (together they contain 96% of the population). Next, 20 woredas (districts) were selected (3-5 in each region) with a balanced representation of rural and urban, and poor and less-poor areas. In the third step, at least one kebele (local administrative area) was selected in each district as a sentinel site. Within each site, all households were screened for eligible children. Using a list of all eligible households, 100 households for the young cohort and 50 households for the older cohort were selected using simple random sampling. Additional random sampling was used if more than one eligible child resided in the household (Woldehanna & Pankhurst, 2014).

Peru: A sampling frame of all districts was created. These districts were first ranked by socio-economic status in order to remove the highest-ranking 5% and enable a systematic oversampling of poorer sites. Twenty districts were randomly selected. Next, a village was randomly selected in each district as was a census track in that village. All street blocks were counted and using random number tables, one block was selected. Fieldworkers were assigned to the block and its neighboring blocks to visit all dwellings until the requisite number of children were recruited (Sánchez et al., 2014).

Vietnam: Vietnam was divided, in terms of socio-economic development, into eight regions plus cities. An advisory committee comprised of researchers, government institutions, international and national NGOs selected five of these regions and then one province from each. There were four criteria for region and province selection: located in North, Central, and South; consist of urban, rural, and mountainous; have a higher proportion of people living in poverty; and reflect distinct factors such as prone to natural disasters or have a history of conflict (N. Nguyen, 2008). Provincial governments then

selected four sentinel sites in their province, such that the sites were stratified by income level (two poor sites, one average, and one-above average). Additional selection criteria included: local government commitment, logistical feasibility, population size, and representation of common provincial characteristics. In consultation with provincial governments, 20 sites were selected. Households and children were randomly selected in the same process as in Ethiopia (Thuc Duc & Thang, 2014).

Sample for Analysis

The present investigation, focusing on adolescence, used data collected via parent and child questionnaires with the older cohort. This group of children was born in 1994-1995 and was surveyed in 2002 at age 8, in 2006 at age 12, in 2009 at age 15, in 2014 at age 19, and in 2016 at age of 22. Analysis utilized data from 2009 and 2014, that is, when the children were 15 and 19 years old. These ages were chosen because 15 is squarely in adolescence, as was covered earlier, an indelible time for development. Age 19 marks the end of adolescence and the beginning of young adulthood. Examining well-being at this age may provide insight into what life will look in adulthood. At the outset of this dissertation, data at age 22 was not available and therefore was not included. Sensitivity analysis, which sought to assess the importance of the age at which young people were perceived to be unsafe (e.g., age 11, age 15, or at both points in time), utilized data from age 12. Data from age 8 were not included because parents' perceptions of safety were not assessed in that round of data collection.

Measures

This section, organized by research question, describes the variables that are used in the analysis and how they were measured.

Research Question 1: What demographic factors are associated with parents' perceptions of adolescent safety in public space? Do these vary by gender of the adolescent? If so, how?

Predictor Variables (Demographic Characteristics)

All of these indicators were assessed in Round 3 of data collection. Construction of some variables differed by country as a result of variation in sample distributions or context-specific differences (e.g., grades considered "secondary school"). Additionally, not all variables were included in analysis for each country. Variables were omitted if not asked in that country or if they were highly correlated with another key construct. For a full list of variables and operationalization in each country see Table 1. These variables are organized according to the levels of the social-ecological model. These factors also served as covariates in the analysis for research question 2.

Individual Characteristics (Adolescents)

Data gathered from parents about their offspring were used to assess the ethnicity, religion, and language of the adolescents. Data gathered from youth were used to assess education.

Education: Using responses to the question, "What is the highest grade that you completed," a 3-level categorical variable was constructed to indicate education level: none, primary school, and secondary or higher.

Ethnic Group. Parents were asked to report "which of the following origins" their child belonged to. The responses varied by country. For the purposes of examining social

vulnerability, a dichotomous “minority ethnicity” variable was constructed to denote individuals who were not in the dominant national ethnic group.

Religious Group. Similar to ethnicity, parents were asked to report their child’s religion and the responses varied by country. A dichotomous “minority religion” variable was constructed to denote individuals who were not in the dominant national religious group.

Language. Parents were asked what the child’s first language was. The responses varied by country. For the purposes of examining social vulnerability, a dichotomous “minority language” variable was constructed to denote individuals whose first language was not the dominant language.

Individual (Parent)

Data for the next three levels of the ecological model (individual (parent), household, and community) were assessed using parents’ responses.

Gender: Respondents were asked to report their sex as male or female. To be consistent with the empirical and theoretical literature, this variable will be called gender.

Sex of Head of Household: Parent respondents identified the sex (male or female) of the head of their household. This was treated as a dichotomous variable.

Mother’s Education: Maternal and paternal education is highly correlated. Based on previous work linking maternal education and various constructs central to this study, maternal education was included for analysis. Based on the question, “What is the highest grade that you completed,” which was coded numerically, a 3- or 4-level categorical variable was constructed (depending on the country) to indicate no education, primary school education, secondary or higher education, and “other” education.

Mother's Age: Both parents were asked their age in years and months. Mother and father's ages were highly correlated, so maternal age, treated as a continuous variable was used for analysis.

Household Characteristics

Household Size: Household size was defined as the number of people currently residing in the household. A 3-level variable was constructed for each country based on the mean and median number of household members in that country.

Migration Status: Parents were asked if they were living in this community when they were last interviewed (four years prior). For this dichotomous variable, they were considered to have migrated and coded "1" if they said "yes" and "0" if they said "no."

Victim of a Crime: To assess whether victimization was associated with perceptions of safety, one survey question was included: "Has the household been the victim of any crimes in the past 4 years?" A dichotomous "crime victimization" variable was created and coded "1" if the parent said that the household had been the victim of any of the following crimes: destruction/theft of tools, theft of cash, theft of crops, theft of livestock, theft/destruction of consumer goods, or crimes that resulted in death/disability. Those who responded no to all items were coded "0." Although limited in scope, the variable was intended to allow some understanding of the relationship between victimization and fear.

Household Wealth: To assess the multiple aspects of economic status, a wealth index was constructed based on housing quality, consumer durables, and facilities in the home. Housing quality was assessed by four items: rooms per person, brick or plastered wall, durable roof, a finished floor (i.e., cement, laminated material, or tile). Ownership

of 11 consumer durables was assessed: radio, refrigerator, bicycle, television, motorbike, car, mobile phone, landline, modern bed, table or chair, and sofa. The presence of four basic facilities in the home was measured: piped water, flush toilet or latrine, electricity, and cooking fuel. The wealth index was constructed by Young Lives by summing the subindices for housing quality, consumer durables, and in-home facilities reported by each respondent, and dividing the total by three. The wealth index ranges from 0.0-1.0 (Briones, Kristine, 2017). Quartiles were constructed.

Community Characteristics

Region: A household's region or geographic location within the country was designated by the enumerator during data collection. Regions varied in name and number by country. Region was documented as a categorical variable constructed by Young Lives.

Urban/Rural: Enumerators noted whether a household was located in an urban area. As might be expected, the definition of "urban" was not consistent across the countries. In Ethiopia, the designation of rural or urban was made with the help of local officials; no additional information is available. In Peru, district size was used to identify urban areas (Escobal & Flores, 2008). No information regarding how urban and rural was differentiated exists for Vietnam (N. Nguyen, 2008). This was treated as a dichotomous variable.

Outcome Variable

Parents' Perceptions of Safety: In order to assess a parent's perception of his or her child's safety, parents were asked to respond to the statement, "I think it's safe for [my child] to go out on the street on their own." Possible responses included: strongly

agree, agree, more or less, disagree, and strongly disagree. For the main analysis, the data collected at adolescent age 15 will be utilized. The outcome was constructed for this study as a dichotomous variable, “perceived unsafe” and includes those who disagreed or strongly disagreed with the statement.

Sensitivity analysis, discussed later in the methods section, utilizes a variable, perceived unsafe at age 11 and 15. This variable was constructed by utilizing parents’ responses to the safety statement above at age 11 and 15. This categorical variable was 4-levels: safe at ages 11 and 15, unsafe at only age 11, unsafe at only age 15, and unsafe at both ages 11 and 15.

Moderating Variable

Gender: Gender of the adolescent was posited to be differentially associated with the outcome variables for each research question. Adolescent respondents were asked to report their sex as male or female. To be consistent with the empirical and theoretical literature, this variable will be called gender.

Research Question 2: To what extent are parents’ perceptions of adolescent safety in public space associated with adolescent well-being (completing secondary education, early marriage, early childbearing, self-efficacy, aspirations)?

The outcome variable in Research Question 1, parents’ perceptions of safety, is the main predictor variable in Research Question 2. The moderating variable for Research Question 1, gender of the adolescent, also is used as moderating variable in Research Question 2.

Outcome Variables (Research Question 2)

The well-being of adolescents was operationalized through five outcome variables: completing secondary education, early marriage, early childbearing, self-efficacy, and aspirations.

Completing Secondary Education: Adolescents reported their educational attainment when answering the question, “What is the highest complete qualification you have attained?” A dichotomous variable was constructed to represent those who completed secondary school vs. those who did not.

Early marriage: Adolescent respondents were asked if they have ever been married. This dichotomous variable was coded “1” for those who had ever been married and “0” for those who had never been married.

Early childbearing: Female adolescent respondents were asked how many births they have had and if they are currently pregnant. Male adolescent respondents were asked how many children they have had and if their current partner is pregnant. Like early marriage, a dichotomous variable was created to indicate early childbearing. It was coded “1” for female respondents who reported ever getting pregnant or giving birth and for male respondents who reported that their partner became pregnant and/or had given birth. If respondents indicated no births and no current pregnancy, the variable was coded “0”.

Aspirations: Adolescents were asked, “Imagine you had no constraints and could stay for as long as you like or go back to school if you have already left. What level of formal education would you like to complete?” All levels of education were provided as responses. A dichotomous variable “high aspirations” was constructed. Those individuals who aspired to go to university or higher were considered to have “high aspirations.”

This structure is consistent with other studies (Favara, 2016) Self-efficacy: Young Lives adapted the validated and widely used, General Self-Efficacy Scale (Jerusalem, M & Schwarzer, R, 1975). The 10 items used to assess self- efficacy were: I can always manage to solve difficult problems if I try hard enough; If someone opposes me, I can find the means and ways to get what I want; It is easy for me to stick to my aims and accomplish my goals; I am confident that I could deal efficiently with unexpected events; Thanks to my resourcefulness, I know how to handle unforeseen situations; I can solve most problems if I invest the necessary effort; I can remain calm when facing difficulties because I can rely on my coping abilities; When I am confronted with a problem, I can usually find several solutions; If I am in trouble, I can usually think of a solution; I can usually handle whatever comes my way. Response options ranged from strongly disagree to strongly agree on a 4-point Likert scale. Responses were averaged to create a mean self-efficacy score, that is, a continuous variable with potential scores ranging from 0 to 4 for each respondent. Mean replacement was utilized to addresses the few missing responses. Cronbach's alpha (i.e., internal consistency of the scale) were acceptable in all countries: ranging from lowest, 0.697, in Vietnam to highest, 0.828, in Peru (Taber, 2018).

Relevant variables from the Young Lives dataset were cleaned and an individual dataset created for each country. If a variable was not standardized across countries nor structured as required for the present investigation, I constructed the variables as described above. A description of the statistical analysis undertaken for each separate country follows.

Statistical Analysis

Ethiopia, Peru, and Vietnam are unique contexts wherein gender, parenting, safety, and well-being likely are experienced differently. As such, the data were analyzed separately for each country. This is consistent with how other investigations have treated these data. Comparisons were made across contexts to inform interpretation of the findings.

Descriptive statistics, including frequencies, means, and standard deviations, were calculated for all variables of interest to understand the distribution of key indicators among respondents. Crosstabulations with Pearson's chi-square tests, t-tests, and one-way analysis of variance were used to measure associations between predictor and outcome variables. Specifically, bivariate analysis examined the association between (1) demographic characteristics and gender, (2) demographic characteristics and parents' perceptions of safety, and (3) demographic characteristics and each outcome measure of well-being. Diagnostic statistics including correlation matrices and Variance Inflation Factors (VIFs) were conducted to check for collinearity and multicollinearity among predictor variables. Where high correlation was identified between variables (in the instance of maternal and paternal education, for instance) one variable (the most salient theoretically and/or most commonly used empirically) was included in analysis, the other excluded. The VIFs for variables included in analysis ranged from 1.74 to 1.82, which is considered to be an acceptable level.

Multivariate logistic regressions were conducted to examine which demographic factors are associated with parents' perceptions of safety and to what extent these factors vary by gender of the child. Analysis proceeded as follows: (1) demographic variables

were used to predict the dependent variable (parents' perceptions of adolescent safety at age 15); (2) to examine the gender difference in odds ratios, the same variables were used to conduct separate regressions for girls and for boys, and; (3) to examine the gender difference, a gender-by-predictor interaction term was added to the regression.

Multivariate logistic regressions (for dichotomous well-being outcomes: completed secondary education, early marriage, early childbearing, aspirations) and ordinary least squares regression (for a continuous well-being outcome: self-efficacy) were utilized to assess the relationship between parents' perceptions of safety ("perceived unsafe") and adolescent well-being, and the extent to which this relationship varied by gender of the adolescent. Analysis proceeded as follows: (1) parents' perceptions of safety was used to predict the dependent variable (each of the well-being outcomes), controlling for demographic characteristics; (2) to examine the gender difference in odds ratios, the same variables were used to conduct separate regressions for girls and for boys; and; (3) to examine the gender difference, a gender-by-predictor interaction term was added to the regression.

To assess the importance of the age the young person was perceived unsafe, additional sensitivity analysis was conducted. Analysis followed the same procedure as described above, however, replacing the dichotomous "perceived unsafe" variable with the 4-level categorical variable that encompasses perceptions of safety at age 11 and age 15. Analysis proceeded as follows: (1) parents' perceptions of safety ("perceived unsafe at age 11 and 15") was used to predict the dependent variable (each of the well-being outcomes), controlling for demographic characteristics; (2) to examine the gender difference in odds ratios, the same variables were used to conduct separate regressions for

girls and for boys; and; (3) to examine the gender difference, a gender-by-predictor interaction term was added to the regression.

Ethical Considerations

The present investigation utilized secondary data that are publicly archived and available via the U.K. Data Service. Therefore, the University of Pennsylvania's Institutional Review Board exempted this study from human subject protection review. As is encouraged, findings will be shared with Young Lives and the U.K. Data Service.

CHAPTER 6: RESULTS

Findings are organized by research question. Within each research question, results are presented within and across countries. The first research question considers the factors that are associated with parents' perceptions that their children are unsafe walking alone on the street and how such factors differ by gender of the child. Those results include the prevalence of parents' perceptions of safety, as well as bivariate and multivariate associations of demographic characteristics and perceptions of safety. The presentation of characteristics is organized according to the ecological model used in this investigation. Although parents are the survey respondents in this section of the analysis, the findings seek to explain the important factors in the child's social environment and are therefore organized to center around their experience (i.e., starting with the child and working outward in the social ecological model).

The second research question examines the extent to which parents' perceptions of safety are associated with well-being and potential differences by gender of the child. The prevalence of well-being of the adolescents (as reported by the adolescents) is presented followed by bivariate and multivariate results that assess the relationship between parents' perceptions of safety and adolescent well-being. Sensitivity analyses aimed at examining the importance of the age at which young people were perceived to be unsafe (e.g., age 11, age 15, or at both points in time) are the final results presented.

The initial section describes characteristics of the sample, drawing comparisons across countries. It also presents differences in these characteristics by gender of the child.

Sample Characteristics

Table 1 lists the variables included in the analysis; Table 2 presents sample characteristics. Data are not provided for some variables because the question was not asked in one or more of the countries or because a variable is highly correlated with another variable and, as such, not included in the multivariate analysis.

The third round of the Young Lives study collected data from parents when their adolescent children were 15 years old, therefore, youth who were in school since age-appropriate enrollment would be in the 8th or 9th grade. In Peru and Vietnam, the majority of young people were in the age-appropriate grade (83.6% and 85.0%, respectively). Education levels were much lower in Ethiopia where only one in six (16.9%) were in 8th grade or higher. One in three young people (29.9%) in Ethiopia came from a minority ethnic group compared to roughly one in eight (13.1%) Vietnamese youth and one in fourteen (6.9%) Peruvian youth. The same percentage of youth (15.2% and 15.4%, respectively) came from minority religious groups in Vietnam and Peru. One in eight (12.3%) young people in Peru spoke a non-dominant, or minority, language. (Please note that questions about religion and language were not asked in all three countries.)

A great majority of the adult respondents were women (81.2% in Ethiopia, 87.1% in Peru, and 91.7% in Vietnam) and lived with their adolescent children in a male-headed household (76.5% in Ethiopia, 88.1% in Vietnam, and 79.9% in Peru). Education of the mother in the household was highest in Vietnam and Peru – over half (56.2% and 50.4%, respectively) had a secondary education or higher - whereas in Ethiopia, only 6.7% of mothers had this level of schooling. The mean age of the women respondents (i.e., mothers in the household) was 41 years in each country.

Households were biggest in Ethiopia. According to adult respondents, 70.2% of young people in Ethiopia lived in households with at least six people, whereas in Peru and Vietnam only 22.6% and 26.5% did. Some of the families had experienced strains that could be expected to influence perceptions of safety. Nearly one in ten families in Peru (10.4%) had migrated within the past four years; far fewer, one in twenty-five (3.9%) families in Ethiopia had recently migrated. Criminal victimization during the past four years was more common: 22.6% in Peru, 14.4% in Ethiopia, and 9.3% in Vietnam.

Respondents and their adolescent children living in Peru were most likely to be living in urban areas (76.1%), followed by those living in Ethiopia (32.4%) and Vietnam (19.0%). Respondents and their children were evenly distributed across regions within Ethiopia (26.7% in Southern Nations, Nationalities, and People's region (SNNP); 21.2% in Tigray; 20.8% in Oromia; and 19.1% in Amhara,) with the exception of Addis Ababa where 12.2% resided. In Vietnam, one in five came from each of the five regions: Mekong River Delta (20.5%), Northern Uplands (20.3%), Red River Delta (19.8%), Phu Yen (19.8%), and Da Nang (19.6%). An equal percentage in Peru came from the Sierra and Selva regions (42.5%) with the remainder (15.0%) coming from Costa.

The observed differences among Ethiopia, Peru, and Vietnam in the education of respondents' children, education of the mother in the household, household size, migration, crime victimization, and urbanicity align with what one would expect of countries with different histories and sociopolitical contexts and on different continents. The next section will consider the degree to which these demographic characteristics are associated with parents' perceptions of their child's safety.

Differences in Socio-Demographic Characteristics by Gender of Adolescent

Understanding differences, in parents' perceptions of safety in research question 1 and in the relationship between parents' perceptions of safety and adolescent well-being in research question 2, by gender of the child is a key objective of the present investigation. Before addressing that, however, it is important to assess potential differences in parents' reports about the social environment of their girl and boy adolescents. The term "unsafe" is used throughout the rest of this section and refers specifically to parents' considering their adolescent offspring to be unsafe when walking alone on the street.

Table 3 documents few bivariate differences in demographic variables by gender of the child across the three countries. Education was one variable that differed by gender: In Ethiopia, more boys than girls had reached the 8th grade (18.0% vs. 15.7% , $p=0.017$); in Vietnam, more girls than boys had reached the 8th grade (87.3% vs. 82.6%, $p=0.045$). The only other variable that differed by gender was criminal victimization in Peru: the families of boys were more likely than the families of girls to have been victimized (43.5% vs. 27.5%, $p=0.005$).

Research Question 1/1a: What factors are associated with parents' perceptions of adolescent safety? Do these factors vary by gender of adolescent?

Prevalence of Perceptions of Safety

The prevalence of perceiving one's child to be unsafe varied widely across the three countries. The percentage of parents who considered it unsafe for their adolescent to go out alone on the street was highest in Peru (63.3%) followed by Vietnam (30.4%), and

Ethiopia (21.4%). The next sections examine factors associated with this perception then assesses potential differences in these factors by gender of the child.

Bivariate Analysis

A series of chi-squares and t-tests were used to assess the association between demographic characteristics and parents' perceptions of their child's safety. Table 4 summarizes these findings.

In Ethiopia, one in five parents perceived their adolescent as being unsafe, the lowest proportion of the three countries. Factors at each level of the ecological model were associated with parents' perceptions of safety, specifically, the child's ethnicity, the mother's education level, and the household's migration status, wealth, and region. There also were differences by gender of the child. At the individual level (of the child), parents' perceptions of the adolescent being "unsafe" were higher for young people from (vs. not from) a minority ethnic group (30.8% vs. 17.3%; $p=0.000$). At the individual level for the parent, education level of the mother mattered: having no education was less likely to be associated with perceptions the child was unsafe (17.3%) than any other level of education (26.5% for primary, 23.1% for secondary or higher, and 22.2% for other types of education, $p=0.045$). At the household level, parents' perceptions of being unsafe were significantly higher for those who did not recently migrate than those who did (21.9% vs. 6.4%, $p=0.04$). Household wealth was associated with perceptions of safety. Somewhat surprisingly, households in the richest quartile were most likely to report their child as being unsafe (28.1%) followed by those in the second (21.7%), third (20.3%), and poorest (15.5%) quartiles ($p=0.024$). At the community level, there were regional differences in parents' perceptions of safety. Parents in the Addis Ababa region were

most likely to report their child was unsafe (36.1%), compared to SNNP (31.5%), Amhara (20.4), Oromia (15.7%) and Tigray (6.5%) ($p=0.000$). Importantly, differences were observed by gender of the child. Parents' perceptions of being "unsafe" were higher for girls (26.7%) than boys (16.6%) ($p=0.001$).

Nearly two of every three Peruvian parents perceived their adolescent offspring to be unsafe and several individual-, household-, and community-level factors were relevant, namely, language spoken by the child, age of the mother of the child, household wealth, urbanicity, and region, and gender of the child. Youth who spoke a majority language were more likely to be considered unsafe (66.3%) compared to those who did not (51.6%) ($p=0.000$), as were those with older (vs. younger) mothers (41.8 vs. 40.6 years), $p=0.036$). Similar to Ethiopia, children from wealthier households were more likely to be perceived unsafe (67.6% in richest, 71.3% in third, 59.2 in second, and 55.3% in the poorest quartile; $p=0.014$). Urban-residing youth were more likely than their rural peers to be considered unsafe (66.3% vs. 53.8%, respectively; $p=0.006$). Safety perceptions varied significantly by region ($p=0.000$): parents' perceptions that their child is unsafe were similarly high in Costa (71.4%) and Sierra (70.0%) and lower in Selva (53.7%). As in Ethiopia, girls were more likely than boys to be considered unsafe (71.3% vs. 51.6%; $p=0.000$).

One in three parents in Vietnam perceived their adolescent as unsafe. Only one variable, region of the country, was significantly associated with parents' perceptions of their adolescent's safety in Vietnam ($p=0.004$). The region with the highest percentage of parents reporting it was unsafe for their child to walk alone was Phu Yen (41.7%) followed by Red River Delta (30.6%), Northern Uplands (26.6%), Mekong River Delta

(24.6%), and Da Nang (18.2%). No factors at the individual- or household-level were significantly associated with perceptions of safety. Moreover, unlike in Ethiopia and Peru, Vietnamese parents' perceptions of safety did not differ by the gender of the child.

There were a few commonalities across countries in the bivariate analysis. In Ethiopia and Peru (but not Vietnam), higher household wealth was associated with a higher likelihood of perceiving the adolescent to be unsafe. Region of the country was the only variable consistently associated with parents' perceptions of safety in all three countries. Parents perceived their adolescent to be less safe in Ethiopia and Peru (but not in Vietnam) if the child was a girl.

Multivariate Analysis

To assess whether findings in the bivariate analyses are borne out when other variables are taken into account, a series of multivariate logistic regressions was conducted. For each country, a multivariate logistic regression was conducted for the entire sample (Model I), girls (Model Ia), and boys (Model Ib). Finally, a series of multivariate logistic regressions that included an interaction term for gender was conducted to assess differences by gender (Model II). Results for the first three regressions are presented in Table 5. Findings from the last regressions (i.e., those with the interaction term) are presented in Table 6 and will be discussed last.

Consistent with the bivariate findings that in Ethiopia girls were more likely than boys to be perceived as unsafe, as shown in column 1 of Table 5, gender of the child was significant when other individual, family, and community variables were taken into account. Girls had a higher odds of being perceived unsafe compared to their male peers (aOR=2.05, 99.8% CI 1.41-3.69). Region also remained statistically significant:

compared to the Tigray region, youth residing in SNNP (aOR=5.72, 99.8% CI 1.30, 25.06) and Addis Ababa (aOR=6.80, 99.8% CI 1.62, 28.58) had a higher odds of being perceived as unsafe. Ethnic minority status, maternal age, migration status, and household wealth were no longer statistically significant when other variables were taken into account. As shown in columns 2 and 3 of Table 5, region of the country was relevant for perceptions of girls' but not boys' safety, which suggests that parents' perceptions of girls' safety are driving the observed differences among regions for the full sample, that is, Model I. The pseudo R-squareds were low in each regression (ranging from 0.10-0.12), indicating important explanatory variables are not included in the model.

In Peru (Table 5, column 4), parents had higher odds of considering girls (vs. boys) to be unsafe (aOR=2.02, 99.7% CI 1.16, 3.53). None of the other bivariate findings (i.e., language, maternal age, household wealth, region, and urbanicity) were important in the multivariate analysis. Analysis by gender of the adolescent (Table 5, columns 5 and 6) yielded no statistically significant findings, either. This suggests that, with the exception of the fact that girls are much more likely to be perceived unsafe, there are no differences in the variables assessed in this investigation that contribute to parents' perceptions. The pseudo R-squareds were low in these regressions as well (ranging from 0.07-0.09).

Multivariate analyses for the full sample in Vietnam (Table 5, column 7) indicate that parents living in Phu Yen (vs. Da Nang) had a higher odds of considering their adolescent to be unsafe (aOR=2.51, 99.7% CI 1.09, 5.75). In the analyses for girls and boys (columns 8 and 9 of Table 5), no demographic characteristic was significant. The pseudo R-squareds were lowest in these analyses (ranging from 0.03-0.05).

Model II assessed differences by gender in the association between each factor and parents' perceptions of safety (Table 6). None of the interactions were statistically significant. This was true for all three countries.

Female gender of the child and certain geographic regions appear to be associated with parents' perceptions that their child is unsafe. The association between region and perceptions in Ethiopia was largely driven by the perception of girls' safety. Other demographic characteristics at the individual-, household-, and community-level were not related to parents' perceptions in any of the multivariate analyses. The latter suggests that among the variables measured in the survey, there are few differences by gender of the adolescent in what shapes parents' perceptions safety. Low R-squareds suggest there are explanatory variables missing from the model.

Research Question 2/2a: To what extent are parents' perceptions of adolescent safety associated with adolescent well-being? Do these associations vary by gender of the adolescent?

Moving from the first research question, which sought to identify the factors that shape parents' perceptions of adolescents' safety at age 15, the second research question addresses the outcome of these perceptions, specifically, if such perceptions are associated with the well-being of adolescents at age 19. Well-being was operationalized as whether the adolescent had completed secondary school, had ever been married or cohabitated, ever had a child, had high aspirations for the future, and had a high level of self-efficacy.

Prevalence of Adolescent Well-being

No country stood out as having higher adolescent well-being. In fact, with the exception of schooling and marriage, the countries were remarkably similar (see row 1 in Tables 7-11). Secondary school completion was highest in Vietnam (60.5%) followed by Peru (43.3%) and Ethiopia (18.0%). The percentage of 19-year-olds who had ever been married was highest in Peru followed by Vietnam and Ethiopia (17.2%, 12.6%, and 8.1%, respectively). Adolescent childbearing patterns were similar to marriage patterns: highest in Peru followed by Vietnam and Ethiopia (18.9%, 11.6%, and 5.6%, respectively). Youth's aspirations for the future were high and similar across the countries; three of four reported having high aspirations (Vietnam: 74.6%, Ethiopia: 74.2%, and Peru: 72.5%). Finally, mean self-efficacy scores were the same in Ethiopia and Peru (3.03), but lower in Vietnam (2.87).

Bivariate Analysis

A series of chi-square and t-tests were undertaken to assess the relationship between demographic characteristics and adolescent well-being in each country. Results are presented by outcome to facilitate cross-country comparisons. Bivariate results reported herein will highlight statistically significant associations and associated p-values. The complete findings (i.e., percentages and p-values for all associations) are presented by outcome in Tables 7-11.

The factors associated with completing secondary school were similar across all three countries. Gender of the child was associated with having completed secondary education in Ethiopia ($p=0.049$) and Vietnam ($p=0.000$), such that girls were more likely than their male peers to have completed their education. As would be expected across all

countries, adolescents' education level at age 15 was significantly positively associated with completing secondary education ($p=0.000$). Compared to those in majority groups, fewer young people from minority ethnic groups in Vietnam ($p=0.000$) and who spoke minority languages in Peru ($p=0.000$) had completed secondary school. In all three countries, adolescents' secondary school completion was associated with higher education of their mothers ($p=0.000$), greater household wealth ($p=0.001$), and smaller household size ($p=0.000$ in Ethiopia, $p=0.001$ in Vietnam, and $p=0.004$ in Peru). In Ethiopia and Vietnam, secondary school completion varied by region ($p=0.000$) and in Ethiopia and Peru it was associated with residing in an urban area ($p=0.000$).

Gender of the adolescent was the one variable associated with their marital status in all countries: adolescents who had married were more likely to be female ($p=0.000$). At the individual-level of the adolescent, only one other association was similar for two countries: education. Adolescents with lower (vs. higher) levels of education in Vietnam ($p=0.000$) and Peru ($p=0.004$) were more likely to report ever having been married. In Vietnam, ever-married adolescents were more likely to be from (vs. not from) minority ethnic groups ($p=0.000$). At the individual-level of the parent, there was one variable that mattered in more than one country: child's mother's education. Ever-married young people in Ethiopia and Vietnam ($p=0.000$ for both) were more likely to have mothers with less education. Also in Vietnam, adolescents having had a male (vs. female) head of household was associated with ever being married ($p=0.014$). At the household level, associations differed across countries: in Vietnam, coming from larger (vs. smaller) households ($p=0.000$) and from households with less (vs. greater) wealth ($p=0.000$) was associated with the adolescent having ever been married. Interestingly, in Peru,

adolescent marriage was associated with coming from a household that had experienced crime victimization ($p=0.009$). No household variables were significant in Ethiopia. A geographic association was observed in each country: marital status varied by region in Vietnam ($p=0.000$) and Peru ($p=0.045$) and ever being married was higher among young people residing in rural areas in Ethiopia ($p=0.011$).

Similar to the marriage findings and consistent across all countries, girls were more likely than boys to have had a child ($p=0.000$). Two other adolescent individual characteristics were noted in Peru and Vietnam: education and minority status. Young people with lower (vs. higher) levels of education in Peru ($p=0.011$) and Vietnam ($p=0.000$), and from (vs. not from) minority ethnic groups in Vietnam ($p=0.000$) or who speak minority (vs. majority) languages in Peru ($p=0.029$) were more likely to have had a child. In Peru, the adolescent being a girl was important, but no other characteristics were associated with having had a child. In Ethiopia ($p=0.017$) and Vietnam ($p=0.000$), lower education of the mother was associated with the adolescent having a child. Also in Vietnam, youth from households with more people were more likely to have had a child ($p=0.001$) and as were those from households with less wealth ($p=0.000$). Finally, geography mattered in both Ethiopia and Vietnam. Having a child varied by region in Vietnam ($p=0.000$) and was more likely to be reported in rural areas in Ethiopia ($p=0.003$).

Aspiration levels did not differ by gender in Ethiopia and Peru but did in Vietnam, where girls were more likely than boys to have high aspirations ($p=0.000$). Having high aspirations was positively associated with level of education in each country ($p=0.000$). Adolescents from minority ethnic groups in Vietnam and who spoke minority

languages in Peru were less likely to have high aspirations than those in majority groups ($p=0.000$). There was a linear positive relationship between aspirations and mother's education in all countries ($p=0.000$). Household- and community-level associations with adolescents' aspirations were few. In Peru and Vietnam, household size was negatively associated with aspirations: youth from larger households were less likely to have high aspirations ($p=0.003$ and $p=0.001$, respectively). Adolescents with high aspirations were more likely to be from households with higher (vs. lower) wealth in all countries ($p=0.000$). Level of aspirations varied by region in Ethiopia ($p=0.009$) and in Vietnam ($p=0.000$) and adolescents who lived in urban (vs. rural) areas were more likely to have high aspirations in Ethiopia and Peru ($p=0.000$).

The three countries had only two factors in common in terms of safety and self-efficacy: Gender and household wealth. In all three countries, girls (vs. boys) had lower mean self-efficacy scores ($p=0.000$ in Ethiopia, $p=0.007$ in Peru, and $p=0.004$ in Vietnam). Household wealth also was positively associated with self-efficacy in Ethiopia ($p=0.017$), Peru ($p=0.000$), and Vietnam ($p=0.015$). Only two characteristics (adolescent education, and household wealth) were shared by two countries and in each case the two countries were Ethiopia and Peru. Boys had a higher mean self-efficacy score in Ethiopia ($p=0.000$) and Peru ($p=0.007$), as did adolescents with higher (vs. lower) levels of education ($p=0.000$). In Peru, youth who spoke a majority (vs. minority) language and those whose mothers had more education also had higher mean self-efficacy scores ($p=0.000$). In Vietnam, young people from minority (vs. majority) ethnic groups had lower self-efficacy scores ($p=0.022$). Region was only associated with self-efficacy in

Peru ($p=0.025$). In addition, adolescents from urban (vs. rural) areas in Peru had higher mean self-efficacy scores ($p=0.000$).

Parents' perceptions of safety is the primary independent variable for this second research question. Bivariate analyses to assess the association between parents' perceptions of safety and adolescents' well-being (see Table 12) indicate that perceptions of safety were associated only with aspirations for the future and only in Vietnam. Unexpectedly, in that one country, young people whose parents reported it was unsafe (vs. safe) for them to walk alone at age 15 were more likely to have high aspirations at age 19 ($p=0.006$).

Multivariate Analysis

Multivariate logistic regressions were used to assess the association between parents' perceptions of safety and adolescent well-being, while controlling for demographic factors. Analysis took the same approach as in Research Question 1. Multivariate regressions with the full sample (Model I) were followed by separate analyses for girls (Model Ia) and boys (Model Ib) to identify potential differences by gender of the adolescent. Then a series of multivariate logistic regressions were conducted using an interaction term for gender along with the same variables as in Model I. Results are reported in Tables 13 and 14.

In sum, parents' perceptions of their adolescent's safety at age 15 is not associated with the adolescent's well-being at age 19. And there are no differences by gender of the child.

To assess whether perceptions of safety of the offspring when younger and whether the stability of perceptions of safety were associated with subsequent well-being

of the adolescent, sensitivity analysis was conducted. These analyses, presented in Tables 15-17, focused on parents' perceptions of their child's safety at age 11 and their perceptions of their child's safety at age 11 and age 15. The multivariate regressions, using the same approach as in Research Questions 1 and 2, identified no association between perceived safety and well-being of the offspring at age 19 nor any differences in associations by the child's gender.

In sum, two factors stood out as having important associations with parents' perceptions of safety: gender of the adolescent and geographic region. No characteristics at the individual (parents) or family levels were associated with parents' perceptions. Further, parents' perceptions of safety (whether when their offspring was 11 or 15 years old) were not associated with any well-being outcomes at age 19. Moreover, there was no differences in parents' perceptions of safety by gender of the adolescent and subsequent well-being.

CHAPTER 6: DISCUSSION

According to the World Health Organization, one in three women experience intimate partner violence or non-partner sexual violence in their lifetime (World Health Organization, 2021). This figure likely is an underestimate. Violence against women and girls (VAWG) is widely considered a global public health crisis with lifelong impacts to physical, sexual, and mental health as well as social and economic well-being (Ellsberg et al., 2008). These effects reverberate from the individual to the worldwide. By one estimate, VAWG costs 2% of global Gross Domestic Product or \$1.5 trillion annually (Ibrahim, Z. et al., 2018).

Moreover, the scope and toll of violence against women and girls likely has important residual effects, such as creating a social environment characterized by fear of violence. Feminist scholars have contended for decades that the resulting fear is a form of social control that reflects gender inequities and reinforces gender stratification (Mehta, 1999; R. Pain, 1991; R. H. Pain, 1997; Spain, 1992). Fear-of-crime studies, conducted primarily in high-income countries (HICs), have established that women are more fearful than are men (Ferraro, 1996; May et al., 2009; Pantazis, 2000) and that such fear adversely affects women's mobility (R. H. Pain, 1997; Whitley & Prince, 2005). In low- and middle-income countries (LMICs), street harassment in cities is a widespread concern that constrains women's use of public space (Action Aid, 2015; UN Women, 2013).

When it comes to young people, parents' concerns about safety matter substantially. Adolescence is a critical period of social and psychological growth. It is a time when young people develop identity, gain independence, and begin to understand

what is possible for their lives (Steinberg, 2010). Parents are instrumental in this development. Not only are they a central agent of socialization, be it gender or cultural, signaling the expectations for adolescents' behavior (Kågesten et al., 2016), but they also are the primary external regulator of adolescents' action and autonomy. When parents perceive public space to be unsafe, they alter the lives of their children. In HICs, parents' perceptions of neighborhood safety is linked to child physical activity: children are more sedentary when their parents perceive the nearby community as unsafe (Carver et al., 2008, 2010; Datar et al., 2013; Esteban-Cornejo et al., 2016). Girls typically face greater constraints (Carver et al., 2010; Foster et al., 2014). This gendered response by parents is seen perhaps most explicitly in crisis-affected areas where the fear for safety is acute and is driven by the threat of sexual violence. Parents' strategies for protecting children's safety include taking girls out of school and encouraging early marriage (Ahmed et al., 2019; Shemyakina, 2011; Women's Refugee Commission, 2016). The empirical evidence substantiates a link between perceptions of safety and well-being and points to a disproportionate burden on women and girls.

Little systematic research, however, has looked at the longer-term impact of fear of violence or concerns for safety, particularly for young people in LMICs. The present investigation sought to address this gap by examining the factors that contribute to parents' perceptions of adolescent safety, the connection between these perceptions and adolescent well-being over time, and the differences for boys and girls. A study like this is possible only with panel data charting the lives of youth. Young Lives, a multi-country study seeking to uncover patterns of change among young people as they develop from children to young adults, provides a longitudinal lens on adolescent development and the

factors critical to well-being (Young Lives, 2017). The present investigation examined parents' perceptions that their 15-year-olds were safe to walk on the street alone and factors shaping those perceptions. It then examined the relationship between these perceptions and the well-being of adolescents at age 19. The multi-country design illuminates the similarities and differences in adolescent safety in Ethiopia, Peru, and Vietnam and illuminates regional variations in a story often depicted from a global perspective.

Study Findings and their Implications

The present investigation relied on the socioecological model and focused on the lower levels of the model – namely, the individual child, individual parent, household, and community levels. Few factors included in the study shaped parents' perceptions of adolescent safety. Gender of the child was associated with parents' perceptions of safety in two countries (Ethiopia and Peru); girls were more likely than boys to be perceived as unsafe. Region was the only other variable that mattered. In Ethiopia, the regional differences were only true for girls. This was not the case in Vietnam, where regional differences were not related to gender of the adolescent. No regional differences were detected in Peru. Implications of the multivariate findings are described in the subsequent sections.

Parents' Perceptions of Safety

Parents' perceptions that their children are unsafe walking alone varied widely across the three countries and was highest in Peru. Two of three parents in Peru considered their child to be unsafe compared to one in three parents in Vietnam and one in five in Ethiopia. The high level of concern for children's safety in Peru might be

related to high rates of certain types of violence. For example, the homicide victimization rate for persons under 18 years of age is 2.5 per 100,000 in Peru compared to 1.6 in Ethiopia and 0.5 in Vietnam (*Global Status Report on Preventing Violence against Children*, 2020). Risk of dating violence and other types of violence against adolescents would provide useful additional comparisons, however, such data do not exist. Elevated concerns for adolescents' safety in Peru might be related to the political environment, specifically, laws and policies designed to protect children. Although Peru has enacted legislation criminalizing sexual assault and corporal punishment, for instance, there is little confidence that the laws are being enforced. In contrast, belief that such laws are enforced is high in Ethiopia and Vietnam (*Global Status Report on Preventing Violence against Children*, 2020). These structural factors – national rates of violence and trust in institutions – might shed light on variation among countries, but were not included in the analysis of this study. Future multi-country research should include macro-level determinants.

Individual-level Attributes of the Adolescent

A gender difference was observed in two countries (Ethiopia and Peru): girls were more likely than boys to be perceived by their parents as being unsafe. This finding is consistent with other research (Mmari et al., 2018). Studies in multiple contexts, including cities in high income countries and conflict-affected areas in low-income countries, indicate that parents are more concerned with the safety of their daughters than sons and impose more restrictions to protect them (Ahmed et al., 2019; Carver et al., 2010; Foster et al., 2014; Shemyakina, 2011; Women's Refugee Commission, 2016). Safety operates similarly for adults. In fear-of-crime studies, gender is among the

strongest predictors of concerns for safety; women are much more fearful of crime than are men (Ferraro, 1996; May et al., 2009; Pantazis, 2000; Scarborough et al., 2010). Drawing from the idea that violence against women broadly creates an environment characterized by fear and may therefore affect the perceptions of women and girls' safety, prevalence data is useful to consult. Interestingly, according to a recent WHO report, more than one in three women in Peru and Ethiopia and fewer (one in four) in Vietnam reported ever experiencing intimate partner violence (IPV) or non-partner sexual violence (World Health Organization, 2021). This difference may help explain why girls are perceived to be more unsafe than boys in Ethiopia and Peru, but not Vietnam.

No other individual-level characteristics of adolescents were associated with parents' perceptions of the adolescent's safety. It is of particular note that minority status in ethnicity, religion, and language – indicators of social vulnerability – were not associated with parents' safety concerns. Prior research supports this relationship, albeit in other contexts. For example, in a representative study in St. Louis, Missouri, being from a racial minority group was positively associated with fear of crime (Scarborough et al., 2010). It is possible that in Ethiopia, Peru, and Vietnam, minority ethnic groups cluster geographically and do not face “othering” and its attendant risks endemic to, for instance, metropolitan areas in the U.S. Alternatively, a methodological consideration might be at play in the present investigation: many minority ethnic groups had small samples and were grouped into a single “minority” category. This also was the case for minority religions and languages. Thus, differences in perceptions of safety among minority ethnic, religious, and language groups might have been obscured.

Individual-level Attributes of the Parents

Parents' perceptions of safety did not vary by their individual characteristics. Gender of the parent, for example, did not emerge as a factor although it could be expected to have been relevant. In places that adhere to traditional gender roles, decision making is primarily the purview of men (Alam et al., 2021; Ebrahim & Atteraya, 2018). Similarly, girls who live in highly patriarchal settings are likely to experience greater control than boys on their behavior. Concerns for safety and efforts to protect girls can be a catalyst for this control (Phadke et al., 2011). It was expected that these disparate, but related, gender dynamics would play a role in determinations of adolescent safety.

As is the case with many demographic and health surveys that are administered at the respondent's home, adult women (in this study, mothers) were the most common respondents; fathers participated far less frequently (18% in Ethiopia, 12% in Peru, and 8% in Vietnam). However, parent gender was not associated with perceptions of safety of their boy or girl offspring. Parent gender, however, is an inadequate proxy for power and gender norms in the household.

Household Characteristics

Household-level variables focused largely on measures of social vulnerability: wealth, migration status, and violence victimization. None were associated with parents' perceptions of safety. Low household economic status has been linked to elevated concerns for safety in fear-of-crime studies (Pantazis, 2000; Schafer et al., 2006). This literature, conducted largely in high income countries, suggests that people living in poverty are more fearful because they have less means for protection, greater risk of exposure to violence, and fewer means to support recovery if they are victimized. Little is

known about the relationship between migration status and parents' perceptions of safety, but one might expect that families who had changed communities would perceive their children as being less safe. Depending on the genesis of the migration, recent migrants' perceptions of safety could be shaped by unfamiliarity with a new environment, social isolation and fractured social connections, or trauma experienced in the pre-migration location (Cardoso et al., 2016). Unfortunately, reason for and origin of migration was not ascertained in the survey.

The relationship between crime victimization and concern for safety is unclear. Initial fear-of-crime literature found victims to be more fearful than persons who had not been victimized (Skogan, 1987), but recent studies say vicarious matters more (Richardson et al., 2010). In the present investigation, perceptions of safety were not related to history of victimization. This might have been a function of the types of victimization assessed in the survey: theft of tools, cash, crops, livestock, or goods or crime that resulted in death or disability. Had Young Lives included gender-based violence such as stalking, sexual assault, and intimate partner violence as other surveys have, results might have differed. In general, the omission of a robust measure of violence critically limits Young Lives' ability to capture and explain adolescent well-being.

Community-level Attributes

The present investigation found that parents' perceptions of safety varied by geographic region in Ethiopia and Vietnam. Adolescents in Ethiopia were more likely to be considered unsafe in Southern Nations, Nationalities, and People's Region (SNNP) and Addis Ababa (a southern state characterized by its diverse ethnic makeup and

Ethiopia's capital, respectively) compared to Tigray (the northernmost region with the nation's highest poverty rate). Similarly, in Vietnam, adolescents in Phu Yen, a coastal region that is mostly rural, compared to Da Nang, an urban hub and industrial center, had higher odds of being considered unsafe. These results were largely driven by parents' perceptions of girls' safety. It is hard to explain these differences. On measures of child-well-being, gender equality, histories of conflict, there are no clear patterns that would illustrate why parents' concerns for safety are highest in these regions (UNICEF, 2016, 2017).

Further research is needed to identify characteristics of these geographic areas that contribute to the feeling of being unsafe in order to address the key determinants. Moreover, the substantial variation within these regions should be considered. For instance, Phu Yen includes a flood-prone, high-poverty area, a higher income coastal community, and a poor mountainous community (N. Nguyen, 2008). Geography-related findings also might not hold over time. For example, recent ethnic violence in the Tigray region of Ethiopia, where rape is being used as a weapon of war (Walsh, 2021), likely has affected parents' perceptions of their adolescents' safety as well as their actual risk, akin to what has been seen in other crisis-affected areas.

Concerns for safety are consistently highest in urban areas (Vieno et al., 2013). Yet, in the present investigation, perceptions of safety did not vary by urban/rural locale. Little information is provided in the Young Lives survey documentation about how geographic areas were designated as urban or rural. Given the rapid urbanization of many LMICs (Sun et al., 2020), the delineation between a rural and urban experience may be hard to decipher. Alternatively, the finding could accurately reflect that adolescents in

these three countries are equally likely to be perceived as unsafe in rural and urban areas. Further investigation is warranted.

The Relationship between Parents' Perceptions of Adolescent Safety and Adolescent Well-being

Concerns for safety can be expected to affect well-being, particularly for women and girls. Fear-of-crime studies have linked concerns for safety with poor mental health (Stafford et al., 2007) and mobility restrictions (May et al., 2009). The latter occurs more often among fearful women than among fearful men. The impact on women is corroborated in research conducted by international NGOs on safety in urban areas of LMICs where, as a result of feeling unsafe in public space, women refrain from leisure activities, miss school, take longer routes to their destination, and forgo working outside the home altogether (Almeida-Filho et al., 2004; Sudarshan & Bhattacharya, 2009). For adolescents, it is parents' perceptions of safety matter, given that parents are largely responsible for regulating their children's behavior. In these cases, a similar pattern unfolds. When parents perceive their children to be unsafe in public space, children face mobility restrictions (which are often more severe for girls) (Carver et al., 2010; Mmari et al., 2018), partake in less physical activity (Datar et al., 2013), and in areas where the perceived threat of violence is acute (i.e., crisis-affected areas), school dropout and early marriage is a common strategy for protecting (again, mostly, girls') safety (Ahmed et al., 2019; Shemyakina, 2011; Women's Refugee Commission, 2016).

Unlike previous studies, which all used cross-sectional designs or qualitative methodologies, the present investigation sought to examine the link between parents' perceptions of safety and adolescent well-being with a longitudinal approach. In

particular, it sought to assess the extent to which parents' perceptions of 15-year-old adolescents' safety were associated with the well-being of those adolescents at age 19. Further, it assessed if these associations differed for girls and boys. Well-being was operationalized as completing secondary education, early marriage, early child-bearing, aspirations, and self-efficacy. No association between parents' perceptions of safety and any measure of well-being was found. This was the case regardless of the age and gender of the child. The gap between the assessment of perceptions of safety and subsequent well-being may have been too long (four years to eight years) to detect impact.

In addition to timeframe, contextual factors, such as the presence of severely elevated risks of violence, as is seen in conflict- and crisis-affected areas, might matter. Future studies could examine if the adverse effect of parents' concerns for safety on girls' education and marriage age in conflict-affected areas also occurs in regions that are not facing war, but have high rates of violence against women and fear of sexual violence (as is the situation, for example, in Delhi and Mexico City) (Campos et al., 2017; J. Gupta et al., 2018; UN Women, 2012b).

Intimate partner and other violence in the "private" domain are considered a public health and human rights concern. The violence women and girls face in public space (for example, sexual harassment) has been neglected and, worse, normalized. It is imperative that women and girls be and feel safe in public space and that initiatives be implemented to achieve these goals. City governments have led the way. For example, the city of Quito, Ecuador has declared a "zero tolerance" policy for sexual violence and a political and fiscal commitment to ensuring that the city is free from violence against women and girls. The effort includes legislation, allocating resources,

and creating municipal infrastructure to implement new policies (UN Women, 2012a). As another example, a growing number of cities now offer gender-segregated transportation: separate trains cars for women in Tokyo, Delhi, Rio de Janeiro, and Mexico City; women-only buses in Bangkok; and female-led rickshaws in Lahore (Graham-Harrison, 2015; Tang, 2014). These measures seek to address specifically the impact of safety concerns on women's mobility. They don't, however, prevent violence or challenge the norms that enable it. In fact, some assert that women-only transportation maintains a system accepting of violence and even commodifies it (*Women-Only Public Transportation Really Isn't Going to Solve Sexual Harassment*, n.d.).

Perhaps the most important intervention is one that disrupts the social norms that enable the perpetuation of VAWG in all its forms. A recent review of interventions to prevent VAWG found that school-based programs that target young people at a critical age of norm and behavior development, and community activism that addresses attitudes towards gender roles and VAWG, can change norms and prevent violence (Kerr-Wilson et al., 2019). Gender equity and intolerance of violence are necessities for creating an environment where women and girls feel safe in public space.

Critical to the success of efforts to mitigate violence and improve the safety of women and girls in public space is centering their experience and including them in planning and policy making. "Gender mainstreaming," one widely accepted strategy to promote gender equity, has gained traction in urban planning. Such an approach acknowledges that historically cities have been designed by and for men and seeks to undo this legacy by considering the needs of women and gender minorities, distributing resources equitably, and ensuring that these groups have a say in decision making

(*Gender Mainstreaming in Urban Planning and Urban Development*, 2013). Planning with a gender lens has promise for yielding safe, accessible space for women and girls.

Absent the political will to make planning participatory, create policy changes, or diversify policymakers, technology can be leveraged to raise awareness and make change. Online crowd-sourced mapping platforms, such as SafeCity, FreeToBe, and Hollaback, allow individuals to report violence experiences and map the location of the incident (*Free to Be - Women's Safety Map*, n.d.; *Hollaback! Together We Have the Power to End Harassment*, n.d.; Safecity, n.d.). Over time, victimizations cluster on these maps and identify areas of city best avoided by women and in need of attention by local officials. Quantifying these experiences enables a better understanding of the scope of the problem and garners attention and action from policymakers.

As is clear from the efforts highlighted here, safety in public space has been considered to be mostly an urban problem. Findings from the present investigation suggest these concerns exist outside of cities, too. Rural areas should be included when promoting the safety of women and girls. Findings also highlighted regional variation in perceptions of safety. Thus, interventions need to be tailored to local needs, incorporate local input, and address local drivers of concerns for safety.

Study Strengths and Limitations

The present investigation is among the first to longitudinally assess the relationship between parents' perceptions of their adolescent's safety and the adolescent's subsequent well-being. It is also one of the few studies to focus on the perceptions of parents and young people residing in low- and middle-income countries. The Young Lives survey, the source of data for the present investigation, is a unique project intended

to chart the changing lives of 12,000 young people in disparate low- and middle-income countries over the course of 15 years. The multi-country panel design of the survey allows researchers to begin to identify causal mechanisms of change that are unique to a particular social, cultural, political, or economic context as well as ones that transcend such differences (Young Lives, 2017). As a rich data source with a strong methodology, Young Lives provides an opportunity to advance empirical knowledge that can improve the lives of children and adolescents.

The present investigation also has limitations. First, the key construct of this study, parents' perceptions of adolescent safety, relied on a single item question – Is it safe for [your child] to walk alone? – which is a very narrow operationalization of the concept of adolescent safety. A multi-item indicator that captures a range of concerns and scenarios (e.g., different types of violence, times of day, areas of the community) would have been a more robust measure of parents' perceptions of safety and provided a more nuanced understanding of the fear itself. Second, key constructs relevant to the present investigation were not captured in the Young Lives surveys. Community-level characteristics (for instance, rates of violence) could help explain the regional variations in parents' perceptions of safety, however this information is not available for subnational geographic regions. Additional variables that could have contributed to the present investigation include documented drivers of parenting behaviors and beliefs (e.g., social and gender norms) and measures of adolescent social vulnerability (e.g., disability status, sexual orientation, and gender identity). The dichotomous gender variable in Young Lives does not capture parents' perceptions of safety of their transgender or non-binary offspring, yet these young people are at high risk of victimization and experience

multiple inequities in health and well-being. Third, parents' safety concerns are not the only ones that matter; adolescents' perceptions are critical too. Prior research suggests parents' and their adolescents' concerns for safety differ with parents' concerns having a greater effect on mobility. Adolescents' perceptions were not measured in Young Lives. Finally, well-being outcomes were assessed four years after parents' perceptions of safety were measured. Perhaps a shorter time interval would have identified associations between variables.

Future Research

Compared to other pressing public health issues, including intimate partner violence, women and girls' safety in public space has received little scholarly attention. The present investigation may help lay the groundwork for subsequent research on the topic, particularly as it occurs in LMICs. Future studies should utilize a robust measure of perceptions of safety such as the Neighborhood Environment Walkability Scale for Youth, which captures a range of safety concerns (traffic safety, pedestrian safety, high levels of crime, abduction or being hurt by a stranger) (Cerin et al., 2006). Such a measure should also assess fear of different types of crime, in different locations, performing different activities (walking to school, being in a park, using public transport, etc.) and at different times of the day. A multidimensional assessment would yield more information about what parents are fearful of and could elicit a nuanced understanding of their fears for girls and boys.

More information is needed on the drivers of parents' perceptions of adolescent safety. Key constructs such as social vulnerability (e.g., disability, gender identity, and sexual orientation) merit examination. Having sufficient sample size to disaggregate by

individual ethnic minority groups will strengthen future research in locales where ethnicity is a critical part of identity and minorities are marginalized. Likewise, a robust measure of victimization is essential and should capture gender-based violence. Qualitative research in advance of quantitative surveys can help identify drivers of safety concerns especially as they relate to perceptions of girls' and boys' safety.

Future research should investigate not just if but how and when conditions concerns for safety affect well-being over time. The context (e.g., areas experiencing acute crises or extraordinarily high levels of violence) merits examination as well. Future research would benefit from using measures of adolescent well-being that have received little attention to date (that is, physical and mental health). Studying the relationship between safety concerns and mental health over time would be a contribution to the literature. Given the importance of adolescence – a period of physical and psychological growth, social development, and identity formation – youth should be a priority population for subsequent research (Steinberg, 2010).

Violence, a common experience among youth, especially girls, has important implications for health and well-being. Given that the purpose of Young Lives is to examine the “determinants of a successful transition to adulthood,” future Young Lives surveys must prioritize the inclusion of a robust set of violence measures including family violence, dating violence, non-partner sexual assault, and bullying. Understanding experiences of violence is essential for building evidence to improve the lives of young people.

Table 1

Individual-, Household-, and Community-Level Variables, Safety Measures, and Well-Being Outcomes

Variables	Responses		
	Ethiopia	Peru	Vietnam
Individual (Adolescent)			
Gender	Male, Female	Male, Female	Male, Female
Ethnicity	Majority Ethnicities (Oromo, Amhara Tigray), Small Ethnic Groups	Majority (Mestizo), Minority Ethnic Groups	Majority (Kinh), Minority Ethnic Groups
Language	Highly correlated with ethnicity - Not Included	Majority (Spanish), Minority Languages	Not asked
Religion	Highly correlated with ethnicity - Not Included	Majority (Catholic), Minority Religions	Majority (None), Minority Religions
Education	0-4 (none & lower primary), 5-7 (upper primary), 8+ (upper primary and lower secondary)	0-7 (none & lower primary), 8+	0-7 (none & lower primary), 8+
Individual (Parent)			
Respondent's Gender	Male, Female	Male, Female	Male, Female
Sex of Head of Household	Male, Female	Male, Female	Male, Female
Mother's Education Level	None, Primary (1-8), Secondary +, Other (Religious & Adult Literacy)	No Education, Primary (1-6), Secondary +	No Education, Primary (1-5), Secondary +
Mother's Age	Continuous	Continuous	Continuous
Household			
Household Size	<=5, 6-7, 8+	<=4, 5-6, 7+	<=3, 4-5, 6+
Migrated (in the past 4 years)	No, Yes	No, Yes	Not Asked

Crime Victim (in the past 4 years) ^a	No, Yes	No, Yes	No, Yes
Wealth ^b	Quartiles	Quartiles	Quartiles
Community			
Region	Tigray, Amhara, Oromia, SNNP ^c , Addis Ababa City	Sierra (Andes), Selva (Amazon), Costa (Costal Areas)	Northern Uplands, Red River Delta, Phu Yen, Da Nang, Mekong River Delta
Urban / Rural	Rural, Urban	Rural, Urban	Rural, Urban
Safety			
Parents' Perceptions of Safety (Main Analysis) ^d	Safe (more or less, agree, strongly agree), Unsafe (disagree, strongly disagree)	Safe (more or less, agree, strongly agree), Unsafe (disagree, strongly disagree)	Safe (more or less, agree, strongly agree), Unsafe (disagree, strongly disagree)
Parents' Perceptions of Safety (Sensitivity Analysis) ^d	Safe in both or Unsafe in only 1 year, Unsafe in both years	Safe in both or Unsafe in only 1 year, Unsafe in both years	Safe in both or Unsafe in only 1 year, Unsafe in both years
Well-Being Outcomes			
Completed Secondary Education	11th and below, 12+	11th and below, 12+	11th and below, 12+
Ever Married	No, Yes	No, Yes	No, Yes
Ever Had a Child	No, Yes	No, Yes	No, Yes
Aspirations	Lower Aspirations (below university), Higher Aspirations (university+)	Lower Aspirations (below university), Higher Aspirations (university+)	Lower Aspirations (below university), Higher Aspirations (university+)
Self-efficacy	Continuous	Continuous	Continuous

^aCrime includes theft, crime resulted in death or disability

^bComposite score calculated by Young Lives based on consumption, goods. Constructed a categorical variable of quartiles.

^cSouthern Nations, Nationalities, and Peoples' Region

^dSurvey Question: I think it is safe for my child to go out on the street on his/her own)

Table 2

Sample Characteristics: Young Lives, Ethiopia, Peru, Vietnam

Characteristics	Ethiopia n (%)	Peru n (%)	Vietnam n (%)
Total Sample	820 (100)	642 (100)	941 (100)
Individual (Adolescent)			
Gender			
Male	433 (52.8)	344 (53.7)	472 (50.2)
Female	387 (47.2)	297 (46.3)	469 (49.8)
Education (Grade)			
0-4	232 (29.1)	99 (16.4)	136 (15.0)
5-7	430 (53.9)		
8+	135 (16.9)	506 (83.6)	770 (85.0)
Ethnic Group			
Majority	574 (70.1)	597 (93.1)	818 (86.9)
Minority	245 (29.9)	44 (6.9)	407 (86.8)
Religious Group			
Majority	--	542 (84.6)	798 (84.8)
Minority	--	99 (15.4)	143 (15.2)
Language			
Majority	--	540 (87.7)	--
Minority	--	76 (12.3)	--
Individual (Parent)			
Gender			
Male	154 (18.8)	83 (12.9)	78 (8.3)
Female	666 (81.2)	559 (87.1)	863 (91.7)
Head of Household Sex			
Male	610 (76.5)	485 (79.9)	809 (88.1)
Female	187 (23.5)	122 (20.1)	109 (11.9)
Mother's Education			
None	396 (50.1)	60 (10.1)	85 (9.3)
Primary	250 (31.7)	233 (39.4)	315 (34.5)
Secondary+	53 (6.7)	298 (50.4)	513 (56.2)
Other	91 (11.5)	-	
Mother's Age (mean)	41.2	41.1	41.5
Household			
Household Size ^a			
Below the mean	238 (29.9)	205 (33.8)	147 (16.6)
Sample mean	293 (36.8)	265 (43.7)	505 (56.9)
Above the mean	266 (33.4)	137 (22.6)	235 (26.5)
Migration Status			
No	764 (96.1)	544 (89.6)	--
Yes	31 (3.9)	63 (10.4)	--

Victim of Crime			
No	686 (85.6)	497 (77.4)	844 (90.6)
Yes	115 (14.4)	145 (22.6)	87 (9.3)
Household Wealth Quartiles			
Poorest	200 (25.1)	152 (25.1)	227 (25.2)
Second	198 (24.9)	152 (25.1)	226 (25.1)
Third	202 (25.4)	150 (24.8)	234 (26.0)
Richest	196 (24.6)	151 (25.0)	214 (23.7)
Community			
Region			
Tigray	169 (21.2)	--	--
Amhara	152 (19.1)	--	--
Oromia	166 (20.8)	--	--
SNNP ^b	213 (26.)	--	--
Addis Ababa City	97 (12.2)	--	--
Sierra (Andes)	--	258 (42.5)	--
Selva (Amazon)	--	258 (42.5)	--
Costa (Coastal Areas)	--	91 (15.0)	--
Da Nang	--	--	179 (19.6)
Northern Uplands	--	--	185 (20.3)
Red River Delta	--	--	180 (19.8)
Phu Yen	--	--	180 (19.8)
Mekong River Delta	--	--	187 (20.5)
Urban/Rural			
Rural	539 (67.6)	145 (23.9)	736 (80.2)
Urban	258 (32.4)	462 (76.1)	182 (19.8)

^aEthiopia= <=5, 6-7, 8+, Peru=<=4, 5-6, 7+, Vietnam=<=3, 4-5, 6+

^bSouthern Nations, Nationalities, and Peoples' Region

Table 3

Bivariate Associations Between Demographic Characteristics and Gender of Adolescent: Young Lives, Ethiopia, 1

Characteristics	Ethiopia			Peru			Vietnam		
	Male n(%)	Female n(%)	p	Male n(%)	Female n(%)	p	Male n(%)	Female n(%)	p
Total Sample	433 (52.8)	387 (47.2)		344 (53.7)	297 (46.3)		472 (50.2)	469 (49.8)	
Individual (Adolescent)									
Education (Grade)									
0-4	138 (32.7)	94 (25.1)	0.017	60 (18.8)	39 (13.6)	0.086	78 (17.4)	58 (12.7)	0.045
5-7	208 (49.3)	222 (59.2)							
8+	76 (18.0)	59 (15.7)		259 (81.2)	247 (86.4)		370 (82.6)	400 (87.3)	
Ethnic Group			0.906			0.413			0.893
Majority	302 (69.9)	272 (70.2)		323 (93.9)	274 (92.3)		411 (87.1)	407 (86.8)	
Minority	130 (30.1)	115 (29.7)		21 (6.1)	23 (7.7)		61 (12.9)	61 (13.2)	
Religious Group						0.198			0.62
Majority	--	--		285 (82.8)	257 (86.5)		403 (85.4)	395 (84.2)	
Minority	--	--		59 (17.2)	40 (13.5)		69 (14.6)	74 (15.8)	
Language						0.286			
Majority	--	--		291 (89.0)	249 (86.2)		--	--	
Minority	--	--		36 (11.0)	40 (13.8)		--	--	
Individual (Parent)									
Gender			0.231			0.076			0.657
Male	88 (20.3)	66 (17.1)		52 (15.1)	31 (10.4)		41 (8.7)	37 (7.9)	
Female	345 (79.7)	321 (82.9)		292 (84.9)	267 (89.6)		431 (91.3)	432 (92.1)	
Head of Household									
Sex			0.869			0.614			0.322
Male	322 (76.3)	288 (76.8)		254 (79.1)	231 (80.8)		397 (87.1)	412 (89.2)	
Female	100 (23.7)	87 (23.5)		67 (20.9)	55 (19.2)		59 (12.9)	50 (10.8)	
Mother's Education			0.397			0.557			0.772
None	209 (49.8)	187 (50.5)		35 (11.2)	25 (8.9)		42 (9.3)	43 (9.3)	

Primary	142 (33.8)	108 (29.2)		118 (37.9)	115 (41.1)		161 (51.1)	154 (48.9)	
Secondary+	25 (7.6)	28 (7.6)		158 (53.0)	140 (50.0)		249 (48.5)	264 (57.3)	
Other	44 (12.7)	47 (12.7)							
Mother's Age (mean)	41.3	41.2	0.733	41.1	41.1	0.976	41.2	41.7	0.185
Family/Household									
Household Size ^a			0.305			0.063			0.071
Below the mean	128 (30.3)	110 (29.3)		110 (34.3)	95 (33.2)		80 (18.0)	67 (15.1)	
Sample mean	163 (38.6)	130 (34.7)		128 (39.9)	137 (47.9)		261 (58.8)	244 (55.1)	
Above the mean	131 (31.0)	266 (33.4)		83 (25.9)	54 (18.9)		103 (23.2)	132 (29.8)	
Migrated			0.613			0.377			
No	405 (96.4)	359 (95.7)		291 (90.6)	253 (88.5)		--	--	
Yes	15 (3.8)	16 (4.3)		30 (9.4)	33 (11.5)		--	--	
Victim of Crime			0.705			0.005			0.885
No	365 (86.1)	321 (85.1)		281 (56.5)	216 (43.5)		420 (90.5)	424 (90.8)	
Yes	59 (13.9)	56 (14.8)		63 (43.5)	82 (27.5)		44 (9.5)	43 (9.2)	
Household Wealth									
Quartiles			0.020			0.267			0.142
Poorest	89 (21.1)	111 (29.7)		73 (22.9)	79 (27.6)		120 (26.7)	107 (23.7)	
Second	108 (25.6)	90 (24.1)		88 (27.6)	64 (22.4)		120 (26.7)	106 (23.4)	
Third	121 (28.7)	81 (21.2)		83 (55.3)	67 (44.7)		102 (22.7)	132 (29.2))	
Richest	104 (24.6)	92 (24.6)		75 (23.5)	76 (26.6)		107 (23.8)	107 (23.7)	
Community									
Region			0.994						
Tigray	88 (20.8)	81 (21.6)		--	--		--	--	
Amhara	83 (19.7)	69 (18.4)		--	--		--	--	
Oromia	88 (20.8)	78 (20.8)		--	--		--	--	
SNNP ^b	112 (26.5)	101 (26.9)		--	--		--	--	
Addis Ababa City	51 (21.1)	46 (12.3)		--	--	0.089	--	--	
Sierra (Andes)	--	--		138 (43.0)	120 (42.0)		--	--	
Selva (Amazon)	--	--		137 (42.7)	121 (42.3)		--	--	
Costa (Coastal									
Areas)	--	--		46 (14.3)	45 (15.7)		--	--	0.333

Da Nang	--	--	--	--	90 (19.9)	89 (19.4)
Northern Uplands	--	--	--	--	83 (18.3)	102 (22.3)
Red River Delta	--	--	--	--	84 (18.5)	96 (21.0)
Phu Yen	--	--	--	--	98 (21.6)	82 (17.9)
Mekong River						
Delta	--	--	--	--	98 (21.6)	89 (19.4)
Urban/Rural			0.927		0.749	0.792
Rural	286 (67.8)	253 (67.5)		75 (23.4) 70 (24.5)	364 (79.8)	372 (80.5)
Urban	136 (32.2)	122 (32.5)		246 (76.6) 216 (75.5)	92 (20.2)	90 (19.5)

^aEthiopia= <=5, 6-7, 8+, Peru=<=4, 5-6, 7+, Vietnam=<=3, 4-5, 6+

^bSouthern Nations, Nationalities, and Peoples' Region

Table 4

Bivariate Associations Between Demographic Characteristics and Parents' Perceptions of Safety: Young Lives, Ethiopia, Peru, Vietnam

Characteristics	Ethiopia			Peru			Vietnam		
	Safe n(%)	Unsafe n(%)	p	Safe n(%)	Unsafe n(%)	p	Safe n(%)	Unsafe n(%)	p
Total Sample	626 (78.6)	170 (21.4)		222 (36.7)	382 (63.3)		638 (69.6)	278 (30.4)	
Individual (Adolescent)									
Gender			0.001			0.000			0.147
Male	352 (83.4)	70 (16.6)		140 (43.9)	179 (56.1)		327 (71.9)	128 (28.1)	
Female	275 (73.3)	100 (26.7)		82 (28.7)	204 (71.3)		311 (67.5)	150 (32.5)	
Education (Grade)			0.710			0.703			0.574
0-4	180 (77.6)	52 (22.4)		38 (38.4)	61 (61.6)		97 (71.8)	38 (28.1)	
5-7	343 (79.8)	87 (20.2)							
8+	104 (77.0)	31 (23.0)		184 (36.4)	322 (63.4)		534 (69.4)	235 (30.6)	
Ethnic Group			0.000			0.419			0.225
Majority	460 (82.7)	96 (17.3)		209 (37.2)	353 (62.8)		548 (68.9)	247 (31.1)	
Minority	166 (69.2)	74 (30.8)		13 (30.9)	29 (69.1)		90 (74.4)	31 (25.6)	
Religious Group						0.068			0.089
Majority	--	--		180 (35.2)	331 (64.8)		549 (70.7)	227 (29.3)	
Minority	--	--		42 (45.2)	51 (54.8)		89 (63.6)	51 (36.4)	
Language						0.000			
Majority	--	--		177 (33.7)	348 (66.3)		--	--	
Minority	--	--		44 (58.7)	31 (41.3)		--	--	
Individual (Parent)									
Gender			0.650			0.479			0.672
Male	105 (80.1)	26 (19.9)		15 (31.9)	32 (68.1)		39 (72.2)	15 (27.8)	
Female	522 (78.4)	144 (21.6)		20 (37.1)	351 (62.9)		599 (69.5)	263 (30.5)	
Head of Household									
Sex			0.556			0.109			0.810

Male	477 (78.2)	133 (21.8)		170 (35.1)	314 (64.9)		561 (69.5)	246 (30.5)	
Female	150 (80.2)	37 (19.8)		52 (43.0)	69 (57.0)		77 (70.6)	32 (29.4)	
Mother's Education			0.045			0.143			0.349
None	326 (82.7)	68 (17.3)		28 (46.7)	32 (53.3)		64 (76.2)	20 (23.8)	
Primary	183 (73.5)	66 (26.5)		87 (37.5)	145 (62.5)		220 (69.8)	95 (30.2)	
Secondary+	40 (76.9)	12 (23.1)		100 (33.6)	198 (66.4)		350 (68.4)	162 (31.6)	
Other	70 (77.8)	20 (22.2)							
Mother's Age (mean)	41.3	41.0	0.643	41.8	40.6	0.036	41.5	41.5	0.896
Family/Household									
Household Size ^a			0.468			0.205			0.460
Below the mean	186 (78.1)	52 (21.8)		79 (38.9)	124 (61.1)		105 (71.4)	42 (28.6)	
Sample mean	23 (80.9)	56 (19.1)		87 (32.8)	178 (67.2)		354 (70.2)	150 (29.8)	
Above the mean	204 (76.7)	62 (23.3)		56 (40.9)	81 (59.1)		155 (66.2)	79 (33.8)	
Migrated			0.040			0.06			
No	597 (78.1)	167 (21.9)		206 (37.9)	337 (62.1)		--	--	
Yes	29 (93.5)	2 (6.4)		16 (25.8)	46 (74.2)		--	--	
Victim of Crime			0.830			0.826			0.378
No	538 (78.8)	145 (21.2)		171 (36.9)	292 (63.1)		581 (70.1)	248 (29.9)	
Yes	88 (78.6)	25 (22.1)		51 (35.9)	91 (64.1)		57 (65.5)	30 (34.5)	
Household Wealth									
Quartiles			0.024			0.014			0.634
Poorest	169 (84.5)	31 (15.5)		68 (44.7)	84 (55.3)		164 (72.6)	62 (27.4)	
Second	155 (78.3)	43 (21.7)		62 (40.8)	90 (59.2)		159 (70.3)	67 (29.6)	
Third	161 (79.7)	41 (20.3)		43 (28.7)	107 (71.3)		158 (67.5)	76 (32.5)	
Richest	141 (71.9)	55 (28.1)		49 (32.4)	102 (67.6)		145 (78.1)	68 (31.9)	
Community									
Region			0.000						
Tigray	158 (93.5)	11 (6.5)		--	--		--	--	
Amhara	121 (79.6)	31 (20.4)		--	--		--	--	
Oromia	140 (84.3)	26 (15.7)		--	--		--	--	
SNNP ^b	146 (68.5)	67 (31.5)		--	--		--	--	
Addis Ababa City	62 (63.9)	35 (36.1)		--	--	0.000	--	--	

Sierra (Andes)	--	--	77 (30.0)	180 (70.0)	--	--	
Selva (Amazon)	--	--	119 (46.3)	138 (53.7)	--	--	
Costa (Coastal							
Areas)	--	--	26 (28.6)	65 (71.4)	--	--	0.004
Da Nang	--	--	--	--	128 (71.9)	50 (18.2)	
Northern Uplands	--	--	--	--	135 (73.4)	49 (26.6)	
Red River Delta	--	--	--	--	125 (69.4)	55 (30.6)	
Phu Yen	--	--	--	--	105 (58.3)	75 (41.7)	
Mekong River							
Delta	--	--	--	--	141 (75.4)	46 (24.6)	
Urban/Rural			0.097		0.006		0.373
Rural	433 (80.3)	106 (19.7)	67 (46.2)	78 (53.8)	507 (69.0)	228 (31.0)	
Urban	194 (75.2)	64 (24.8)	155 (33.7)	305 (66.3)	131 (72.4)	50 (27.6)	

^aEthiopia= <=5, 6-7, 8+, Peru=<=4, 5-6, 7+, Vietnam=<=3, 4 5, 6+

^bSouthern Nations, Nationalities, and Peoples' Region

Table 5

Adjusted Regression Analyses of Association Between Demographic Characteristics and Parents' Perceptions of Safety (Model I): Young Lives, Ethiopia, Peru, Vietnam

	Ethiopia				Peru		Vietnam		
	Model I, Full Sample n=780 aOR (99.8% CI)	Model Ia, Girls n=367 aOR (99.8% CI)	Model Ib, Boys n=413 aOR (99.8% CI)	Model I, Full Sample n=584 aOR (99.7% CI)	Model Ia, Girls n=277 aOR (99.7% CI)	Model Ib, Boys n=307 aOR (99.7% CI)	Model I, Full Sample n=848 aOR (99.7% CI)	Model Ia, Girls n=426 aOR (99.7% CI)	Model Ib, Boys n=422 aOR (99.7% CI)
Individual (Adolescent)									
Gender	Referent	--	--	Referent	--	--	Referent	--	--
Male	2.05 (1.14, 3.69)	--	--	2.02 (1.16, 3.53)	--	--	1.33 (0.89, 2.11)	--	--
Female									
Education (Grade)									
0-4	Referent	Referent	Referent	Referent	Referent	Referent	Referent	Referent	Referent
5-7	0.83 (0.40, 1.70)	0.68 (0.24, 1.89)	0.98 (0.37, 2.64)						
8+	0.80 (0.30, 1.81)	0.57 (0.14, 2.37)	1.05 (0.26, 4.22)	0.83 (0.49, 1.38)	0.70 (0.28, 1.70)	0.91 (0.46, 1.79)	0.87 (0.52, 1.46)	0.93 (0.41, 2.13)	0.82 (0.42, 1.61)
Ethnic Group									
Majority	Referent	Referent	Referent	Referent	Referent	Referent	Referent	Referent	Referent
Minority	1.03 (0.37, 2.95)	0.50 (0.11, 2.16)	1.83 (0.41, 8.29)	1.24 (0.59, 2.60)	1.73 (0.50, 6.01)	0.83 (0.30, 2.25)	0.80 (0.40, 1.59)	0.50 (0.18, 1.37)	1.27 (0.48, 3.31)
Religious Group									
Majority	--	--	--	Referent	Referent	Referent	--	--	--
Minority	--	--	--	0.67 (0.40, 1.10)	0.42 (0.19, 1.48)	0.86 (0.45, 1.67)	--	--	--
Language									
Majority	--	--	--	Referent	Referent	Referent	Referent	Referent	Referent
Minority	--	--	--	0.43 (0.15, 1.31)	0.28 (0.10, 1.44)	0.55 (0.18, 1.66)	1.44 (0.94, 2.20)	1.28 (0.70, 1.37)	1.84 (0.71, 4.62)

**Individual
(Parent)****Gender**

Male	Referent 1.28 (0.54, 3.03)	Referent 1.07 (0.31, 2.73)	Referent 1.69 (0.48, 5.98)	Referent 0.75 (0.36, 1.48)	Referent 2.46 (0.34, 17.9)	Referent 0.29 (0.05, 1.72)	Referent 1.17 (0.42, 3.22)	Referent 0.97 (0.26, 3.66)	Referent 1.59 (0.28, 8.90)
Female									

**Head of
Household Sex**

Male	Referent 0.92 (0.43, 1.96)	Referent 0.91 (0.33, 2.51)	Referent 0.77 (0.24, 2.49)	Referent 0.71 (0.45, 1.12)	Referent 0.71 (0.35, 1.46)	Referent 0.69 (0.37, 1.28)	Referent 1.05 (0.65, 1.70)	Referent 0.69 (0.33, 1.43)	Referent 1.49 (0.78, 2.83)
Female									

**Mother's
Education**

None	Referent 1.16 (0.55, 2.43)	Referent 1.04 (0.37, 2.93)	Referent 1.15 (0.41, 3.27)	Referent 0.70 (0.35, 1.41)	Referent 0.38 (0.11, 1.33)	Referent 0.96 (0.38, 2.41)	Referent 1.20 (0.40, 3.63)	Referent 1.70 (0.55, 5.22)	Referent 0.77 (0.28, 2.10)
Primary									
Secondary+	0.89 (0.23, 3.45)	0.61 (0.10, 3.77)	0.90 (0.11, 7.22)	0.69 (0.31, 1.49)	0.29 (0.07, 1.15)	1.23 (0.41, 3.07)	1.36 (0.42, 4.35)	1.93 (0.60, 6.18)	0.87 (0.29, 2.61)
Other	1.15 (0.45, 3.03)	1.12 (0.28, 3.64)	1.20 (0.29, 4.95)						

**Mother's Age
(mean)**

0.99 (0.95, 1.04)	0.98 (0.92, 1.04)	0.99 (0.93, 1.07)	0.98 (0.95, 1.01)	0.97 (0.93, 1.01)	0.99 (0.95, 1.03)	1.01 (0.98, 1.04)	1.01 (0.60, 6.18)	0.99 (0.95, 1.04)
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Family**Household
Size^a**

Below the mean	Referent 0.74 (0.35, 1.57)	Referent 0.51 (0.18, 1.39)	Referent 1.20 (0.39, 3.65)	Referent 1.29 (0.84, 1.98)	Referent 1.57 (0.81, 3.04)	Referent 1.09 (0.61, 1.94)	Referent 1.02 (0.52, 2.02)	Referent 1.26 (0.65, 2.43)	Referent 0.87 (0.46, 1.64)
Sample mean									
Above the mean	0.94 (0.44, 2.03)	0.67 (0.24, 1.86)	1.36 (0.41, 4.46)	1.05 (0.63, 1.76)	0.99 (0.44, 2.21)	1.16 (0.58, 2.34)	1.20 (0.73, 1.98)	1.35 (0.66, 2.75)	1.15 (0.56, 2.38)

Migrated

No	Referent 0.24 (0.23, 2.48)	Referent 0.15 (0.00, 4.10)	Referent 0.29 (0.01, 7.08)	Referent 0.83 (0.54, 1.27)	Referent 0.87 (0.47, 1.62)	Referent 0.82 (0.44, 1.52)	--	--	--
Yes							--	--	--

**Victim of
Crime**

No	Referent	Referent	Referent	Referent	Referent	Referent	Referent	Referent	Referent
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Yes	0.87 (0.37, 2.02)	0.58 (0.18, 1.90)	1.06 (0.33, 3.42)	1.70 (0.90, 3.22)	1.15 (0.47, 2.83)	2.38 (0.94, 6.01)	1.58 (0.95, 2.62)	1.70 (0.82, 3.53)	1.49 (0.72, 3.08)
Household									
Wealth									
Quartiles									
Poorest	Referent 1.76	Referent 1.78	Referent 1.59	Referent 0.95	Referent 0.71	Referent 1.33	Referent 0.86 (0.41, 1.79)	Referent 1.00	Referent 0.76
Second	(0.73, 4.24) 1.62	(0.53, 6.00) 3.03	(0.45, 5.62) 1.14	(0.40, 2.28) 1.58	(0.17, 2.99) 1.47	(0.42, 4.25) 2.04	1.01 (0.46, 2.21)	(0.35, 2.90) 0.83	(0.28, 2.18) 1.35
Third	(0.61, 4.32) 1.98	(0.78, 11.80) 2.32	(0.28, 4.70) 2.34	(0.59, 4.22) 1.24 (0.44, 3.45)	(0.31, 7.03) 1.21	(0.54, 7.61) 1.52	1.19 (0.49, 2.90)	(0.23, 2.48) 1.39	(0.42, 4.40) 1.02
Richest	(0.62, 6.34)	(0.45, 12.14)	(0.46, 12.0)		(0.23, 6.44)	(0.38, 6.08)		(0.40, 4.79)	(0.27, 3.89)
Community									
Region									
Tigray	Referent 3.15	Referent 1.89	Referent 9.27	--	--	--	--	--	--
Amhara	(0.96, 10.38) 2.16	(0.46, 7.79) 1.33	(0.89, 96.4) 5.34	--	--	--	--	--	--
Oromia	(0.60, 7.69) 5.72	(0.28, 6.37) 7.66	(0.48, 59.6) 8.19	--	--	--	--	--	--
SNNP ^b	(1.30, 25.06)	(1.13, 51.89)	(0.58, 115.)	--	--	--	--	--	--
Addis	6.80	11.30	5.81	--	--	--	--	--	--
Ababa City	(1.62, 28.58)	(1.70, 75.15)	(0.41, 82.6)	--	--	--	--	--	--
Sierra									
(Andes)	--	--	--	Referent 1.71	Referent 1.57	Referent 1.94	--	--	--
Selva	--	--	--	(0.89, 3.29)	(0.81, 3.06)	(0.80, 4.71)	--	--	--
(Amazon)									
Costa									
(Coastal				1.91	7.72	1.75			
Areas)	--	--	--	(0.78, 4.62)	(0.62, 11.90)	(0.80, 2.08)	--	--	--
Da Nang	--	--	--	--	--	--	Referent 1.39	Referent 1.51	Referent 1.11
Northern									
Uplands	--	--	--	--	--	--	0.72, 2.68)	(0.62, 3.70)	(0.46, 3.37)
Red River									
Delta	--	--	--	--	--	--	1.34 (0.79, 2.28)	1.15 (0.56, 2.34)	1.65 (0.74, 3.68)
Phu Yen	--	--	--	--	--	--	2.51 (1.09, 5.75)	2.94 (0.90, 9.62)	2.14 (0.64, 7.21)
Mekong									
River Delta	--	--	--	--	--	--	1.06 (0.59, 1.92)	0.86 (0.38, 1.94)	1.26 (0.51, 3.09)

Urban/Rural									
Rural	Referent	Referent	Referent	Referent	Referent	Referent	--	--	--
	0.81	0.87	0.88	0.91	0.75	1.06			
Urban	(0.31, 2.14)	(0.24, 3.09)	(0.20, 3.44)	(0.37, 2.27)	(0.18, 3.15)	(0.30, 3.78)	--	--	--

^aEthiopia= <=5, 6-7, 8+, Peru=<=4, 5-6, 7+, Vietnam=<=3, 4-5, 6+

^bSouthern Nations, Nationalities, and Peoples' Region

Table 6

Adjusted Regression Analyses of Association Between Demographic Characteristics and Parents' Perceptions of Safety (Model II): Young Lives, Ethiopia, Peru, Vietnam

	Ethiopia	Peru	Vietnam
	Model II	Model II	Model II
	n=780	n=584	n=848
	aOR (99.8% CI)	aOR (99.7% CI)	aOR (99.7% CI)
Individual (Adolescent)			
Education (Grade)			
0-4	Referent		
5-7	1.15 (0.28, 2.08)	Referent	Referent
8+	1.20 (0.20, 7.03)	0.58 (0.11, 3.05)	1.86 (0.48, 7.18)
Ethnic Group			
Majority	Referent	Referent	Referent
Minority	0.51 (0.15, 1.65)	0.20 (0.18, 21.93)	0.36 (0.08, 1.57)
Religious Group			
Majority	--		--
Minority	--	0.54 (0.11, 2.57)	--
Language			
Majority	--		
Minority	--	1.72 (0.33, 111.10)	0.66 (0.19, 2.30)
Individual (Parent)			
Gender			
Male	Referent	Referent	Referent
Female	1.07 (0.20, 5.48)	4.50 (0.34, 58.30)	0.57 (0.06, 4.92)
Head of Household Sex			
Male	Referent	Referent	Referent
Female	2.29 (0.54, 9.66)	0.91 (0.22, 3.64)	0.48 (0.11, 1.98)
Mother's Education			
None	Referent	Referent	Referent
Primary	1.10 (0.30, 4.07)	0.48 (0.06, 3.87)	3.42 (0.52, 22.36)
Secondary+	1.00 (0.09, 10.83)	0.27 (0.03, 2.11)	3.61 (0.59, 22.06)
Other	0.88 (0.14, 5.71)	--	--
Mother's Age (mean)	1.00 (0.93, 1.09)	0.99 (0.91, 1.07)	1.00 (0.92, 1.08)
Family/Household			

Household Size			
Below the mean ^a	Referent	Referent	Referent
Sample mean	1.26 (0.09, 1.66)	1.76 (0.47, 6.55)	1.78(0.48, 6.55)
Above the mean	0.44 (0.10, 1.89)	1.10 (0.22, 5.29)	1.26 (0.29 (5.32))
Migrated			
No	Referent	Referent	--
Yes	0.31 (0.01, 8.51)	0.44 (0.06, 3.32)	--
Victim of Crime			
No	Referent	Referent	Referent
Yes	0.49 (0.09, 2.63)	0.88 (0.22, 3.41)	1.09 (0.24, 4.99)
Household Wealth			
Quartiles			
Poorest	Referent	Referent	Referent
Second	1.04 (0.18, 5.93)	0.38 (0.07, 1.89)	2.02 (0.54, 7.52)
Third	2.18 (0.37, 12.81)	0.42 (0.08, 2.27)	1.03 (0.28, 3.75)
Richest	1.42 (0.26, 7.82)	0.39 (0.07, 1.99)	2.11 (0.56, 7.92)
Community			
Region			
Tigray	Referent	--	--
Amhara	0.23 (0.14, 3.86)	--	--
Oromiya	0.23 (0.01, 3.95)	--	--
SNNPb	0.25 (0.01, 3.58)	--	--
Addis Ababa City	1.06 (0.05, 19.11)	--	--
Seirra (Andes)	--	Referent	--
Selva (Amazon)	--	0.57 (0.16, 1.95)	--
Costa (Coastal Areas)	--	1.33 (0.22, 7.95)	--
Da Nang	--	--	Referent
Northern Uplands	--	--	0.66 (0.14, 3.04)
Red River Delta	--	--	0.70 (0.16, 3.05)
Phu Yen	--	--	1.00 (0.24, 4.16)
Mekong River Delta	--	--	0.59 (0.13, 2.64)
Urban/Rural			
Rural	Referent	Referent	--
Urban	2.11 (0.60, 7.42)	0.40 (0.10, 1.60)	--

^aEthiopia= <=5, 6-7, 8+, Peru=<=4, 5-6, 7+, Vietnam=<=3, 4-5, 6+

^bSouthern Nations, Nationalities, and Peoples' Region

Note: aORs are for interaction between each predictor variable and female gender of the adolescent

Table 6

Bivariate Association Between Demographic Characteristics and Completing Secondary Education: Young Lives, Ethiopia, Peru, Vietnam

Characteristics (at age 15)	Ethiopia			Peru			Vietnam		
	Completed Secondary	Didn't Complete Secondary	p	Completed Secondary	Didn't Complete Secondary	p	Completed Secondary	Didn't Complete Secondary	p
	n(%)	n(%)		n(%)	n(%)		n(%)	n(%)	
Total Sample	132 (18.0)	602 (82.0)		239 (43.3)	313 (56.7)		510 (60.5)	333 (39.5)	
Individual (Adolescent)									
Gender			0.049			0.942			0.000
Male	63 (15.5)	344 (84.5)		125 (43.2)	164 (56.8)		223 (54.0)	190 (46.0)	
Female	69 (21.1)	258 (78.9)		115 (43.6)	149 (56.4)		287 (66.7)	143 (33.3)	
Education (Grade)			0.000			0.000			0.000
0-4	1 (0.5)	215 (99.5)					3 (2.5)	116 (97.5)	
5-7	58 (14.6)	339 (85.4)		3 (2.9)	102 (97.1)				
8+	73 (61.3)	46 (38.7)		252 (50.3)	249 (49.7)		496 (69.7)	216 (30.3)	
Ethnic Group			0.073			0.496			0.000
Majority	102 (19.6)	418 (80.4)		221 (42.9)	294 (57.1)		483 (66.3)	246 (33.7)	
Minority	30 (14.0)	184 (86.0)		18 (48.6)	19 (51.4)		27 (23.7)	87 (76.3)	
Religious Group						0.140			0.456
Majority	--	--		208 (44.6)	258 (55.4)		430 (60.0)	287 (40.0)	
Minority	--	--		31 (36.0)	55 (64.0)		80 (63.5)	46 (36.5)	
Language						0.000			
Majority	--	--		223 (46.0)	262 (54.0)		--	--	
Minority	--	--		15 (23.1)	50 (76.9)		--	--	
Individual (Parent)									

Gender			0.021			0.045			0.374
Male	13 (10.7)	109 (89.3)		15 (30.0)	35 (70.0)		29 (54.7)	24 (7.2)	
Female	119 (19.4)	493 (80.5)		225 (44.7)	278 (55.3)		481 (60.9)	309 (39.1)	
Head of Household									
Sex			0.093			0.177			0.465
Male	93 (16.7)	464 (83.3)		197 (44.8)	243 (55.2)		450 (60.8)	290 (39.2)	
Female	39 (22.3)	136 (77.7)		41 (37.6)	68 (62.4)		57 (57.0)	43 (43.0)	
Mother's Education			0.000			0.000			0.000
None	41 (31.3)	322 (88.7)		13 (24.1)	41 (75.9)		11 (14.9)	63 (85.1)	
Primary	60 (26.0)	171 (74.0)		76 (37.4)	127 (62.6)		136 (46.1)	159 (53.9)	
Secondary+	15 (30.0)	35 (70.0)		146 (53.0)	130 (47.1)		358 (6.7)	109 (23.3)	
Other	13 (16.5)	66 (83.5)					41.4	41.7	0.396
Mother's Age (mean)	41.5	41.2	0.682	41.0	40.7	0.581			
Family/Household									
Household Size ^a			0.000			0.004			0.001
Below the mean	58 (26.1)	164 (73.9)		95 (50.0)	95 (50.0)		76 (57.6)	56 (42.4)	0.001
Sample mean	49 (18.3)	218 (81.6)		104 (44.4)	130 (55.6)		308 (66.5)	155 (33.5)	
Above the mean	25 (10.3)	218 (89.7)		39 (31.2)	86 (68.8)		112 (51.6)	105 (48.4)	
Migrated			0.907			0.238			
No	127 (18.1)	575 (81.9)		189 (44.8)	233 (55.2)		--	--	
Yes	5 (17.2)	24 (82.8)		51 (38.9)	80 (61.1)		--	--	
Victim of Crime			0.166			0.548			0.716
No	118 (18.8)	510 (81.2)		215 (43.8)	276 (56.2)		460 (60.2)	304 (39.8)	
Yes	14 (31.2)	92 (86.8)		23 (39.7)	35 (60.3)		48 (62.3)	29 (37.6)	
Household Wealth Quartiles			0.000			0.000			0.000
Poorest	7 (3.9)	172 (96.1)		24 (18.5)	106 (81.5)		61 (29.3)	147 (70.7)	
Second	12 (6.7)	167 (93.3)		58 (41.7)	81 (58.3)		122 (57.8)	89 (42.2)	
Third	43 (22.4)	149 (77.6)		64 (46.4)	74 (53.6)		155 (73.1)	57 (26.9)	
Richest	69 (38.1)	112 (61.9)		92 (65.7)	48 (34.3)		162 (83.5)	32 (16.5)	
Community									
Region			0.000						

Tigray	25 (15.4)	137 (84.6)	--	--	--	--
Amhara	21 (15.0)	119 (85.0)	--	--	--	--
Oromia	23 (14.8)	132 (85.2)	--	--	--	--
SNNP ^b	17 (9.0)	171 (91.0)	--	--	--	--
Addis Ababa						
City	46 (52.9)	41 (47.1)	--	--	0.767	--
Sierra (Andes)	--	--	103 (42.6)	139 (57.4)	--	--
Selva (Amazon)	--	--	96 (42.9)	128 (57.1)	--	--
Costa (Coastal						
Areas)	--	--	39 (47.0)	44 (53.0)	--	--
Da Nang	--	--	--	--	112 (73.2)	41 (26.8)
Northern						
Uplands	--	--	--	--	83 (48.3)	89 (51.7)
Red River Delta	--	--	--	--	127 (76.5)	39 (23.5)
Phu Yen	--	--	--	--	87 (53.0)	77 (47.0)
Mekong River						
Delta	--	--	--	--	96 (53.6)	83 (46.4)
Urban/Rural			0.000		0.000	
Rural	43 (8.7)	450 (91.3)	37 (28.7)	92 (71.3)	--	--
Urban	89 (37.2)	150 (62.8)	201 (47.9)	219 (52.1)	--	--

^aEthiopia= <=5, 6-7, 8+, Peru=<=4, 5-6, 7+, Vietnam=<=3, 4-5, 6+

^bSouthern Nations, Nationalities, and Peoples' Region

Table 7

Bivariate Association Between Demographic Characteristics and Ever Being Married: Ethiopia, Peru, Vietnam

Characteristics (at age 15)	Ethiopia			Peru			Vietnam		
	Ever Married	Never Married	p	Ever Married	Never Married	p	Ever Married	Never Married	p
	n(%)	n(%)		n(%)	n(%)		n(%)	n(%)	
Total Sample	61 (8.1)	696 (91.9)		97 (17.2)	467 (82.8)		106 (12.6)	734 (87.4)	
Individual (Adolescent)									
Gender			0.000			0.000			0.000
Male	8 (1.9)	408 (98.1)		20 (6.8)	275 (93.2)		27 (6.7)	375 (93.3)	
Female	53 (15.5)	288 (84.5)		77 (28.5)	193 (71.5)		79 (18.0)	359 (81.2)	
Education (Grade)			0.956			0.004			0.000
0-4	17 (7.7)	203 (92.3)							
5-7	34 (8.3)	373 (91.6)		24 (27.3)	64 (72.3)		40 (33.1)	81 (66.9)	
8+	10 (7.8)	118 (92.2)		69 (14.7)	400 (85.2)		66 (9.4)	639 (90.6)	
Ethnic Group			0.164			0.494			0.000
Majority	48 (8.9)	489 (91.1)		92 (17.5)	434 (82.5)		55 (7.6)	670 (92.4)	
Minority	13 (5.9)	207 (94.1)		5 (13.2)	33 (86.8)		51 (44.4)	64 (55.6)	
Religious Group						0.319			0.092
Majority	--	--		79 (16.5)	399 (83.5)		96 (13.4)	619 (86.6)	
Minority	--	--		18 (20.9)	68 (79.1)		10 (8.0)	115 (92.0)	
Language						0.061			
Majority	--	--		80 (16.2)	415 (83.8)		--	--	
Minority	--	--		17 (25.4)	50 (74.6)		--	--	
Individual (Parent)									
Gender			0.700			0.116			0.850
Male	9 (7.2)	116 (16.7)		13 (25.0)	39 (75.0)		6 (11.8)	45 (88.2)	
Female	52 (8.2)	580 (91.8)		84 (16.4)	429 (83.6)		100 (12.7)	689 (87.3)	

Head of Household									
Sex			0.904			0.219			0.014
Male	47 (8.1)	530 (91.8)		71 (15.8)	377 (84.2)		101 (13.7)	635 (86.3)	
Female	14 (7.9)	164 (92.1)		23 (20.7)	88 (79.3)		5 (5.0)	95 (95.0)	
Mother's Education			0.017			0.240			0.000
None	32 (8.6)	341 (91.4)		8 (14.6)	47 (85.4)		35 (43.8)	45 (56.2)	
Primary	15 (6.3)	224 (93.7)		41 (19.8)	166 (80.2)		36 (12.6)	249 (87.4)	
Secondary+	1 (1.9)	51 (98.1)		40 (14.2)	241 (85.8)		34 (7.3)	433 (92.7)	
Other	13 (15.7)	70 (84.3)							
Mother's Age (mean)	41.2	41.8	0.495	40.9	40.5	0.636	40.7	41.6	0.149
Family/Household									
Household Size ^a			0.444			0.225			0.000
Below the mean	21 (9.2)	206 (90.8)		26 (13.6)	165 (86.4)		10 (7.6)	122 (92.4)	
Sample mean	24 (8.7)	251 (91.3)		41 (17.1)	198 (82.9)		44 (9.5)	417 (9.5)	
Above the mean	16 (6.3)	237 (93.7)		27 (20.9)	102 (79.1)		44 (20.5)	44 (20.6)	
Migrated			0.77			0.095			
No	59 (8.1)	665 (91.9)		68 (15.7)	365 (84.3)		--	--	
Yes	2 (6.7)	28 (93.3)		29 (22.0)	103 (78.0)		--	--	
Victim of Crime			0.888						0.416
No	52 (8.0)	597 (92.0)		77 (15.4)	423 (84.6)	0.009	94 (12.3)	667 (87.6)	
Yes	9 (8.4)	98 (91.6)		17 (28.8)	42 (71.2)		12 (15.6)	65 (84.4)	
Household Wealth									
Quartiles			0.082			0.096			0.000
Poorest	22 (36.1)	163 (88.1)		31 (23.5)	101 (76.5)		49 (23.9)	156 (76.1)	
Second	16 (8.7)	168 (91.3)		23 (16.1)	120 (83.9)		22 (10.4)	190 (89.6)	
Third	14 (7.11)	183 (92.9)		21 (15.0)	119 (85.0)		16 (7.5)	196 (92.5)	
Richest	9 (14.7)	179 (95.2)		18 (12.7)	124 (87.3)		12 (6.2)	181 (93.8)	
Community									
Region			0.114						
Tigray	18 (10.9)	147 (89.1)		--	--		--	--	
Amhara	12 (8.1)	136 (91.9)		--	--		--	--	
Oromia	17 (10.7)	142 (89.3)		--	--		--	--	

SNNP ^b	11 (5.7)	183 (94.3)	--	--		--	--	
Addis Ababa City	3 (3.3)	87 (96.7)	--	--	0.045	--	--	
Sierra (Andes)	--	--	47 (19.3)	197 (80.7)		--	--	
Selva (Amazon)	--	--	28 (12.2)	201 (87.8)		--	--	
Costa (Coastal			19					
Areas)	--	--	(22.09)	6 (77.9)		--	--	0.000
Da Nang	--	--	--	--		8 (5.2)	147 (94.8)	
Northern Uplands	--	--	--	--		47 (26.9)	128 (73.1)	
Red River Delta	--	--	--	--		17 (10.3)	148 (89.7)	
Phu Yen	--	--	--	--		21 (13.1)	139 (86.9)	
Mekong River								
Delta	--	--	--	--		13 (7.4)	162 (92.6)	
Urban/Rural			0.011		0.268			
Rural	50 (9.8)	458 (90.2)	26 (20.0)	104 (80.0)		--	--	
Urban	11 (4.4)	236 (95.6)	68 (15.8)	361 (84.2)		--	--	

^aEthiopia= <=5, 6-7, 8+, Peru=<=4, 5-6, 7+, Vietnam=<=3, 4-5, 6+

^bSouthern Nations, Nationalities, and Peoples' Region

Table 8

Bivariate Association Between Demographic Characteristics and Ever Having a Child: Young Lives, Ethiopia, Peru, Vietnam

Characteristics (at age 15)	Ethiopia			Peru			Vietnam		
	Ever Had a Child	Never Had a Child	p	Ever Had a Child	Never Had a Child	p	Ever Had a Child	Never Had a Child	p
	n(%)	n(%)		n(%)	n(%)		n(%)	n(%)	
Total Sample	42 (5.6)	708 (94.4)		106 (18.9)	456 (81.1)		97 (11.6)	739 (88.4)	
Individual (Adolescent)									
Gender			0.000			0.000			0.000
Male	2 (0.5)	413 (99.5)		23 (7.8)	270 (92.2)		21 (5.3)	377(94.7)	
Female	40 (11.9)	295 (88.1)		83 (30.7)	187 (69.3)		76 (17.4)	362 (82.6)	
Education (Grade)			0.796			0.011			0.000
0-4	14 (9.4)	205 (93.6)							
5-7	22 (5.5)	380 (94.5)		25 (28.4)	63 (71.6)		35 (28.7)	87 (71.3)	
8+	6 (4.7)	121 (95.3)		79 (16.8)	390 (83.2)		62 (8.9)	638 (91.1)	
Ethnic Group			0.942			0.943			0.000
Majority	30 (5.6)	502 (94.4)		99 (18.9)	425 (81.1)		47 (6.5)	673 (93.5)	
Minority	12 (5.5)	206 (94.5)		7 (18.4)	31 (81.6)		50 (43.1)	66 (56.9)	
Religious Group						0.335			0.303
Majority	--	--		93 (19.5)	383 (80.5)		86 (12.1)	626 (87.9)	
Minority	--	--		13 (15.12)	73 (84.5)		11 (8.9)	113 (91.1)	
Language						0.029			
Majority	--	--		87 (17.6)	407 (82.4)		--	--	
Minority	--	--		19 (28.8)	47 (71.2)		--	--	
Individual (Parent)									
Gender			0.418			0.824			0.970
Male	5 (4.1)	118 (95.9)		10 (20.0)	40 (80.0)		6 (11.8)	45 (88.2)	
Female	37 (5.9)	590 (94.1)		96 (18.7)	417 (81.3)		91 (11.6)	694 (88.4)	

Head of Household									
Sex			0.457			0.392			0.114
Male	34 (6.0)	536 (94.0)		81 (18.1)	367 (81.9)		90 (12.3)	641 (87.7)	
Female	8 (4.5)	170 (95.5)		24 (21.6)	87 (78.4)		7 (6.9)	94 (93.1)	
Mother's Education			0.017			0.512			0.000
None	23 (6.2)	346 (93.8)		10 (18.2)	45 (81.8)		33 (41.8)	46 (58.2)	
Primary	8 (3.4)	228 (96.9)		42 (20.4)	164 (79.6)		36 (12.7)	248 (87.3)	
Secondary+	1 (1.9)	51 (98.1)		46 (16.3)	236 (83.7)		28 (6.0)	437 (94.0)	
Other	10 (12.0)	73 (87.9)							
Mother's Age (mean)	41.7	41.2	0.664	40.8	40.9	0.901	40.6	41.6	0.088
Family/Household									
Household Size ^a			0.409			0.494			0.001
Below the mean	14 (6.2)	212 (93.8)		31 (16.2)	161 (83.8)		13 (9.8)	120 (90.2)	
Sample mean	18 (6.6)	256 (93.4)		47 (19.7)	191 (82.3)		39 (8.5)	420 (91.5)	
Above the mean	10 (4.0)	238 (96.0)		27 (20.9)	102 (9.1)		39 (18.4)	173 (81.6)	
Migrated			0.604			0.130			
No	41 (5.7)	677 (94.3)		75 (17.4)	355 (82.6)		--	--	
Yes	1 (3.4)	28 (96.6)		31 (23.3)	102 (76.7)		--	--	
Victim of Crime			0.630			0.304			0.952
No	35 (5.4)	608 (94.6)		91 (18.2)	409 (81.8)		88 (11.6)	670 (88.4)	
Yes	7 (6.6)	99 (93.4)		14 (23.7)	45 (76.3)		9 (11.8)	67 (88.2)	
Household Wealth									
Quartiles			0.184			0.086			0.000
Poorest	14 (7.7)	168 (92.3)		33 (25.2)	98 (74.8)		49 (23.9)	156 (76.1)	
Second	12 (6.6)	171 (93.4)		29 (20.1)	115 (79.9)		17 (8.1)	194 (91.9)	
Third	11 (5.6)	184 (94.4)		20 (14.3)	120 (85.7)		12 (5.7)	197 (94.3)	
Richest	5 (2.7)	182 (97.3)		22 (15.5)	120 (84.5)		12 (6.2)	181 (93.8)	
Community									
Region			0.070						
Tigray	8 (4.9)	154 (95.1)		--	--		--	--	
Amhara	7 (4.7)	140 (95.2)		--	--		--	--	
Oromia	16 (10.1)	142 (89.9)		--	--		--	--	

SNNP ^b	9 (4.7)	182 (95.3)	--	--		--	--	
Addis Ababa City	2 (2.2)	88 (97.8)	--	--	0.101	--	--	
Sierra (Andes)	--	--	55 (22.5)	189 (77.5)		--	--	
Selva (Amazon)	--	--	34 (14.8)	195 (85.2)		--	--	
Costa (Coastal								
Areas)	--	--	16 (18.6)	70 (81.4)		--	--	0.000
Da Nang	--	--	--	--		8 (5.1)	148 (94.9)	
Northern Uplands	--	--	--	--		47 (26.7)	129 (73.3)	
Red River Delta	--	--	--	--		11 (6.8)	151 (93.2)	
Phu Yen	--	--	--	--		18 (11.4)	140 (88.6)	
Mekong River								
Delta	--	--	--	--		13 (7.5)	161 (92.5)	
Urban/Rural			0.003		0.333			
Rural	37 (7.4)	465 (92.6)	28 (21.7)	101 (78.3)		--	--	
Urban	5 (2.0)	241 (98.0)	77 (17.9)	353 (82.1)		--	--	

^aEthiopia= <=5, 6-7, 8+, Peru=<=4, 5-6, 7+, Vietnam=<=3, 4-5, 6+

^bSouthern Nations, Nationalities, and Peoples' Region

Table 10

Bivariate Association Between Demographic Characteristics and High Aspirations: Young Lives, Ethiopia, Peru, Vietnam

Characteristics (at age 15)	Ethiopia			Peru			Vietnam		
	High Aspiration	Lower Aspiration	p	High Aspiration	Lower Aspiration	p	High Aspiration	Lower Aspiration	p
	n(%)	n(%)		n(%)	n(%)		n(%)	n(%)	
Total Sample	545 (74.2)	189 (25.8)		400 (72.5)	152 (27.5)		596 (74.6)	203 (25.4)	
Individual (Adolescent)									
Gender			0.129			0.680			0.000
Male	294 (72.1)	114 (27.9)		211 (73.3)	77 (26.7)		252 (66.7)	126 (33.3)	
Female	251 (77.0)	75 (23.0)		190 (71.7)	75 (28.3)		344 (81.7)	77 (18.3)	
Education (Grade)			0.000			0.000			0.000
0-4	124 (58.8)	87 (41.2)							
5-7	306 (77.5)	89 (22.5)		35 (41.2)	50 (58.8)		31 (30.1)	72 (69.9)	
8+	113 (89.7)	13 (10.3)		364 (78.6)	99 (21.4)		552 (80.9)	130 (19.1)	
Ethnic Group			0.597			0.192			0.000
Majority	384 (73.7)	137 (26.3)		369 (71.8)	145 (28.2)		558 (79.9)	140 (20.1)	
Minority	161 (75.6)	52 (24.4)		31 (81.6)	7 (18.4)		38 (37.6)	63 (62.4)	
Religious Group						0.162			0.103
Majority	--	--		343 (73.6)	123 (26.4)		497 (73.5)	19 (26.5)	
Minority	--	--		57 (66.3)	29 (33.7)		99 (80.5)	24 (19.5)	
Language						0.000			
Majority	--	--		366 (75.0)	122 (25.0)		--	--	
Minority	--	--		33 (53.2)	29 (46.8)		--	--	
Individual (Parent)									
Gender			0.298			0.012			0.624
Male	86 (70.5)	36 (29.5)		28 (57.1)	21 (42.9)		38 (77.5)	11 (22.5)	
Female	459 (75.0)	153 (25.0)		373 (74.0)	131 (26.0)		558 (74.4)	192 (25.6)	
Head of Household Sex			0.141			0.594			0.615

Male	405 (72.8)	151 (27.2)		322 (73.2)	118 (26.8)		524 (74.5)	177 (25.2)	
Female	138 (78.4)	38 (21.6)		77 (70.6)	32 (29.4)		68 (72.3)	26 (27.7)	
Mother's Education			0.00			0.000			0.000
None	253 (70.7)	105 (29.3)		30 (56.6)	23 (43.4)		21 (3.6)	51 (70.8)	
Primary	184 (79.0)	49 (21.0)		139 (68.8)	63 (31.2)		186 (70.4)	78 (29.6)	
Secondary+	50 (96.2)	2 (3.8)		222 (79.6)	57 (20.4)		382 (84.0)	73 (16.0)	
Other	49 (60.5)	32 (39.5)							
Mother's Age (mean)	41.3	41.3	0.895	40.8	40.8	0.987	41.6	41.6	0.951
Family/Household									
Household Size ^a			0.135			0.001			0.003
Below the mean	172 (78.9)	46 (21.1)		150 (79.4)	39 (20.6)		99 (77.3)	29 (22.7)	
Sample mean	198 (73.3)	72 (26.7)		172 (73.8)	61 (26.2)		347 (78.5)	95 (21.5)	
Above the mean	173 (70.9)	71 (29.1)		77 (60.6)	50 (39.4)		133 (66.2)	68 (33.8)	
Migrated			0.517			0.821			
No	519 (73.9)	183 (26.1)		305 (72.3)	117 (27.7)		--	--	
Yes	23 (79.3)	6 (20.1)		96 (73.3)	35 (26.7)		--	--	
Victim of Crime			0.803			0.719			0.653
No	466 (74.1)	163 (25.9)		358 (72.9)	133 (27.1)		538 (74.3)	186 (25.7)	
Yes	79 (75.2)	26 (24.8)		41 (70.7)	17 (29.3)		56 (76.7)	17 (23.3)	
Household Wealth									
Quartiles			0.000			0.000			0.000
Poorest	112 (64.0)	63 (36.0)		68 (53.1)	60 (46.9)		93 (49.2)	96 (50.8)	
Second	125 (71.0)	51 (29.0)		101 (71.1)	41 (28.9)		156 (78.8)	42 (21.2)	
Third	141 (72.7)	53 (27.3)		101 (73.2)	36 (26.3)		170 (83.3)	34 (16.7)	
Richest	164 (88.2)	22 (11.8)		129 (91.5)	12 (8.5)		166 (86.9)	25 (13.1)	
Community									
Region			0.009						
Tigray	118 (75.6)	38 (24.4)		--	--		--	--	
Amhara	105 (73.4)	38 (26.6)		--	--		--	--	
Oromiya	103 (65.6)	54 (34.4)		--	--		--	--	
SNNP ^b	139 (74.3)	47 (25.3)		--	--		--	--	
Addis Ababa City	78 (86.7)	12 (13.3)		--	--	0.742	--	--	
Seirra (Andes)	--	--		179 (73.7)	64 (26.3)		--	--	

Selva (Amazon)	--	--	156 (70.9)	64 (29.1)	--	--	
Costa (Coastal							
Areas)	--	--	64 (74.4)	22 (25.6)	--	--	0.000
Da Nang	--	--	--	--	127 (83.5)	25 (16.5)	
Northern Uplands	--	--	--	--	98 (59.0)	68 (41.0)	
Red River Delta	--	--	--	--	139 (86.9)	21 (13.12)	
Phu Yen	--	--	--	--	103 (72.0)	40 (28.0)	
Mekong River Delta	--	--	--	--	121 (72.0)	47 (28.0)	
Urban/Rural			0.000		0.000		
Rural	333 (68.2)	155 (31.8)	71 (55.5)	57 (44.5)	--	--	
Urban	210 (86.1)	34 (13.9)	328 (77.9)	93 (22.1)	--	--	

^aEthiopia= <=5, 6-7, 8+, Peru=<=4, 5-6, 7+, Vietnam=<=3, 4-5, 6+

^bSouthern Nations, Nationalities, and Peoples' Region

Table 11

Bivariate Association Between Demographic Characteristics and Self-Efficacy: Young Lives, Ethiopia, Peru, Vietnam

Characteristics (at age 15)	Ethiopia		Peru		Vietnam	
	Self-Efficacy Mean Score mean (sd)	p	Self-Efficacy Mean Score mean (sd)	p	Self-Efficacy Mean Score mean (sd)	p
Total Sample	3.03 (0.34)		3.03 (0.31)		2.87 (0.25)	
Individual (Adolescent)						
Gender		0.000		0.007		0.004
Male	3.08		3.06		2.9	
Female	2.98		2.99		2.85	
Education (Grade)		0.000		0.000		0.110
0-4	2.99		2.90		2.84	
5-7	3.02					
8+	3.14		3.05		2.88	
Ethnic Group		0.904		0.255		0.022
Majority	3.03		3.02		2.88	
Minority	3.03		3.08		2.82	
Religious Group				0.111		0.119
Majority	--	--	3.03		2.88	
Minority	--	--	2.97		2.84	
Language				0.000		
Majority	--	--	3.04		--	--
Minority	--	--	2.89		--	--
Individual (Parent)						
Gender		0.764		0.112		0.874
Male	3.03		3.08		2.87	
Female	3.04		3.00		2.86	

Head of Household Sex		0.940		0.513		0.650
Male	3.03		3.02		2.87	
Female	3.03		3.04		2.86	
Mother's Education		0.620		0.000		0.129
None	3.04		2.92		2.82	
Primary	3.02		2.98		2.87	
Secondary+	3.08		3.08		2.88	
Other	3.01					
Mother's Age (mean)	0.00	0.806	0.00	0.523	0.00	0.873
Family/Household						
Household Size ^a		0.197		0.093		0.132
Below the mean	3.04		3.06		2.84	
Sample mean	3.06		3.03		2.89	
Above the mean	3.00		2.97		2.86	
Migrated		0.464		0.255		
No	3.04		3.02		--	
Yes	2.99		3.05		--	
Victim of Crime		0.602		0.981		0.549
No	3.03		3.02		2.87	
Yes	3.05		3.02		2.89	
Household Wealth Quartiles		0.017		0.000		0.015
Poorest	3.02		2.88		2.85	
Second	3.05		3.01		2.86	
Third	2.98		3.02		2.85	
Richest	3.09		3.11		2.92	
Community						
Region		0.461				
Tigray	3.07		--		--	
Amhara	3.01		--		--	
Oromiya	3.01		--		--	
SNNP ^b	3.03		--		--	
Addis Ababa City	3.05		--	0.025	--	
Seirra (Andes)	--		3.06		--	

Selva (Amazon)	--	2.99	--	
Costa (Coastal Areas)	--	3.01	--	0.087
Da Nang	--	--	2.87	
Northern Uplands	--	--	2.85	
Red River Delta	--	--	2.84	
Phu Yen	--	--	2.90	
Mekong River Delta	--	--	2.90	
Urban/Rural		0.916		0.000
Rural	3.04	2.91	--	
Urban	3.03	3.06	--	

^aEthiopia= <=5, 6-7, 8+, Peru=<=4, 5-6, 7+, Vietnam=<=3, 4-5, 6+

^bSouthern Nations, Nationalities, and Peoples' Region

Table 12

Bivariate Association Between Parental Perceptions of Safety and Adolescent Well-being: Young Lives, Ethiopia, Peru, Vietnam

Main Predictor	Ethiopia			Peru			Vietnam		
	Completed Secondary	Didn't Complete Secondary	p	Completed Secondary	Didn't Complete Secondary	p	Completed Secondary	Didn't Complete Secondary	p
	n(%)	n(%)		n(%)	n(%)		n(%)	n(%)	
Safety			0.754			0.916			0.502
Safe	104 (17.8)	480 (82.2)		86 (43.2)	113 (56.8)		354 (61.1)	225 (38.9)	
Unsafe	28 (18.9)	120 (81.1)		152 (43.7)	196 (56.3)		152 (58.7)	107 (41.3)	
	Ever Married	Never Married	p	Ever Married	Never Married	p	Ever Married	Never Married	p
Safety			0.651			0.683			0.075
Safe	50 (8.3)	552 (91.7)		32 (15.8)	170 (84.2)		81 (13.9)	500 (86.1)	
Unsafe	11 (7.2)	142 (92.8)		61 (17.2)	294 (82.8)		24 (9.5)	229 (90.5)	
	Ever Had a Child	Never Had a Child	p	Ever Had a Child	Never Had a Child	p	Ever Had a Child	Never Had a Child	p
Safety			0.599			0.424			0.097
Safe	35 (5.9)	562 (91.1)		34 (16.9)	167 (83.1)		74 (12.8)	505 (87.2)	
Unsafe	7 (4.6)	144 (95.4)		70 (19.7)	286 (80.3)		22 (8.9)	229 (91.2)	

	High Aspirations	Lower Aspirations	p	High Aspirations	Lower Aspirations	p	High Aspirations	Lower Aspirations	p
Safety			0.143			0.081			0.006
Safe	427 (73.0)	158 (27.0)		134 (68.4)	62 (31.6)		399 (71.8)	157 (28.2)	
Unsafe	116 (78.9)	31 (21.1)		265 (75.3)	87 (24.7)		192 (81.0)	45 (19.0)	
	Self-Efficacy (mean)		p	Self-Efficacy (mean)		p	Self-Efficacy (mean)		p
Safety			0.730			0.807			0.081
Safe	3.04			3.02			2.88		
Unsafe	3.03			3.03			2.85		

Table 13

Adjusted Regression Analyses of Association between Parents' Perceptions of Safety and Well-Being (Model I): Young Lives, Ethiopia, Peru, Vietnam

Main Predictor	Ethiopia			Peru			Vietnam		
	Model I, Full Sample n=780	Model Ia, Girls n=367	Model Ib, Boys n=413	Model I, Full Sample n=584	Model Ia, Girls n=277	Model Ib, Boys n=307	Model I, Full Sample n=848	Model Ia, Girls n=426	Model Ib, Boys n=422
	aOR (99.8% CI)	aOR (99.8% CI)	aOR (99.8% CI)	aOR (99.7% CI)	aOR (99.7% CI)	aOR (99.7% CI)	aOR (99.7% CI)	aOR (99.7% CI)	aOR (99.7% CI)
Completed Secondary Education									
Safety									
Safe	Referent	Referent	Referent	Referent	Referent	Referent	Referent	Referent	Referent
Unsafe	0.67 (0.23, 1.95)	0.40 (0.08, 2.01)	1.33 (0.24, 7.33)	0.92 (0.47, 1.83)	0.90 (0.33, 2.46)	0.97 (0.39, 2.41)	0.68 (0.36, 1.29)	0.79 (0.44, 1.42)	0.54 (0.30, 1.44)
Ever Married									
Safety									
Safe	Referent	Referent	--	Referent	Referent	Referent	Referent	Referent	Referent
Unsafe	0.87 (0.27, 2.82)	0.84 (0.23, 3.02)	--	0.77 (0.32, 1.87)	0.95 (0.32, 2.84)	0.54 (0.09, 3.07)	0.79 (0.45, 1.41)	0.90 (0.46, 1.77)	0.37 (0.12, 1.69)
Ever Had A Child									
Safety									
Safe	Referent	Referent	--	Referent	Referent	Referent	Referent	Referent	Referent
Unsafe	0.72 (0.17, 3.09)	0.75 (0.17, 3.26)	--	0.94 (0.41, 2.17)	0.80 (0.30, 2.15)	1.30 (0.28, 5.93)	0.84 (0.46, 1.52)	0.97 (0.49, 1.89)	0.35 (0.08, 3.84)
High Aspirations									

Safety									
Safe	Referent	Referent	Referent	Referent	Referent	Referent	Referent	Referent	Referent
Unsafe	1.23 (0.57, 2.62)	1.27 (0.41, 4.00)	1.14 (0.39, 3.33)	1.46 (0.70, 3.04)	1.21 (0.41, 3.59)	1.71 (0.62, 4.72)	1.38 (0.87, 2.17)	1.34 (0.63, 2.75)	1.45 (0.55, 3.86)
<hr/>									
Self-Efficacy									
<hr/>									
	β (99.8% CI)	β (99.8% CI)	β (99.8% CI)	β (99.8% CI)	β (99.8% CI)	β (99.8% CI)	β (99.8% CI)	β (99.8% CI)	β (99.8% CI)
Safety									
Safe	Referent	Referent	Referent	Referent	Referent	Referent	Referent	Referent	Referent
Unsafe	0.00 (-0.10, 0.10)	-0.04 (-0.18, 0.09)	0.03 (-0.12, 0.18)	0.02 (-0.08, 0.12)	0.01 (-0.15, 0.18)	0.02 (-0.10, 0.13)	-0.02 (-0.08, 0.0)	0.03 (-0.12, 0.0)	-0.02 (-0.11, 0.0)

Notes

Model I controlled for: adolescent gender, education, ethnicity, religion (Peru & Vietnam only), language (Peru only); parent gender, head of household sex, mother's education, mother's age; household size, migration status, crime victimization, household wealth; region, urban/rural

Model Ia, Ib controlled for the same variables as Model 1, with the exception of adolescent gender

Table 14

Adjusted Regression Analyses of Association between Parents' Perceptions of Safety and Well-Being (Model II): Young Lives, Ethiopia, Peru, Vietnam

Main Predictor	Ethiopia Model II n=780 aOR (99.8% CI)	Peru Model II n=584 aOR (99.7% CI)	Vietnam Model II n=848 aOR (99.7% CI)
Completed Secondary Education			
Safety			
Safe	Referent	Referent	Referent
Unsafe	0.52 (0.06, 4.21)	0.95 (0.25, 3.58)	1.42 (0.40, 4.97)
Ever Married			
Safety			
Safe	--	Referent	Referent
Unsafe	--	2.47 (0.35, 17.29)	2.25 (0.25, 19.56)
Ever Had A Child			
Safety			
Safe	--	Referent	Referent
Unsafe	--	0.70 (0.11, 4.17)	2.65 (0.24, 29.20)
High Aspirations			
Safety			
Safe	Referent	Referent	Referent
Unsafe	1.06 (0.23, 4.75)	0.81 (0.19, 3.37)	0.99 (0.23, 4.31)
Self-Efficacy			
	β (99.8% CI)	β (99.7% CI)	β (99.7% CI)
Safety			
Safe	Referent	Referent	Referent
Unsafe	-0.05 (-0.25, 0.14)	0.01 (-0.18, 0.21)	-0.00 (-0.13, 0.11)

Note: aORs are for interaction between each predictor variable and female gender of the adolescent

Table 9

Frequency and Percent of Perceived Safety at age 11 (Rd 2) and at age 15 (Rd 3): Young Lives, Ethiopia, Peru, Vietnam

	Ethiopia n (%)	Peru n (%)	Vietnam n (%)
Safety			
Safe at ages 11 and 15	499 (62.7)	107 (17.8)	364 (39.8)
Unsafe only at age 11	127 (15.9)	114 (19.0)	274 (29.9)
Unsafe only at age 15	131 (16.5)	88 (14.7)	140 (15.3)
Unsafe at both ages 11 and 15	39 (4.9)	291 (48.5)	137 (14.9)

Table 16

Sensitivity Analysis: Adjusted Regression Analyses of Association between Parents' Perceptions of Safety and Well-being: Young Lives, Ethiopia, Peru, Vietnam

Main Predictor	Ethiopia			Peru			Vietnam		
	Model I, Full Sample n=780 aOR (99.8% CI)	Model Ia, Girls n=367 aOR (99.8% CI)	Model Ib, Boys n=413 aOR (99.8% CI)	Model I, Full Sample n=584 aOR (99.7% CI)	Model Ia, Girls n=277 aOR (99.7% CI)	Model Ib, Boys n=307 aOR (99.7% CI)	Model I, Full Sample n=848 aOR (99.7% CI)	Model Ia, Girls n=426 aOR (99.7% CI)	Model Ib, Boys n=422 aOR (99.7% CI)
Completed Secondary Education									
Safety									
Safe, 11 & 15	Referent	Referent	Referent	Referent	Referent	Referent	Referent	Referent	Referent
Unsafe, 11	0.79 (0.26, 2.45)	0.36 (0.06, 2.33)	1.54 (0.30, 7.90)	0.80 (0.27, 0.34)	0.60 (0.10, 3.67)	1.05 (0.24, 4.52)	1.18 (0.58, 2.43)	1.19 (0.39, 3.65)	1.31 (0.48, 3.56)
Unsafe, 15	0.77 (0.24, 2.50)	0.37 (0.06, 2.33)	1.92 (0.30, 12.39)	1.28 (0.44, 4.33)	0.95 (0.13, 7.03)	1.62 (0.38, 6.90)	0.75 (0.31, 1.83)	0.96 (0.25, 3.64)	0.71 (0.19, 2.62)
Unsafe, 11 & 15	0.36 (0.05, 2.77)	0.21 (0.01, 3.51)	0.41 (0.01, 27.24)	0.69 (0.27, 1.77)	0.60 (0.12, 2.98)	0.77 (0.21, 2.77)	0.72 (0.31, 1.69)	0.78 (0.24, 2.55)	0.56 (0.14, 2.18)
Ever Married									
Safety									
Safe, 11 & 15	Referent	Referent	--	Referent	Referent		Referent	Referent	
Unsafe, 11	1.12 (0.33, 3.75)	0.82 (0.20, 3.32)	--	0.74 (0.18, 3.01)	0.85 (0.11, 6.27)	0.99 (0.08, 11.82)	0.59 (0.22, 1.64)	0.56 (0.15, 2.03)	0.78 (0.13, 4.90)
Unsafe, 15	1.23 (0.35, 4.24)	1.17 (0.30, 4.55)	--	0.20 (0.03, 1.42)	0.27 (0.02, 3.47)	0.30 (0.01, 11.51)	0.63 (0.18, 2.16)	1.04 (0.26, 4.17)	-
Unsafe, 11 & 15	-	-	--	0.79 (0.24, 2.65)	0.99 (0.18, 5.37)	0.64 (0.06, 6.46)	0.67 (0.19, 2.30)	0.50 (0.11, 2.35)	1.83 (0.15, 22.56)

Ever Had A Child									
Safety									
Safe, 11 & 15	Referent	Referent	--	Referent	Referent 0.69 (0.12, 4.14)	Referent	Referent	Referent	Referent
Unsafe, 11	0.85 (0.19, 3.86)	0.78 (0.16, 3.82)	--	0.72 (0.18, 2.79)	0.56 (0.04, 6.89)	0.87 (0.31, 2.42)	0.78 (0.22, 2.72)	1.84 (0.22, 15.40)	
Unsafe, 15	0.83 (0.17, 4.11)	0.88 (0.17, 4.37)	--	0.39 (0.08, 2.01)	0.25 (0.03, 2.31)	0.85 (0.07, 10.68)	0.64 (0.16, 2.52)	0.96 (0.22, 4.25)	-
Unsafe, 11 & 15	0.34 (0.01, 10.4)	0.30 (0.01, 10.0)	--	0.90 (0.29, 2.78)	0.73 (0.16, 3.23)	1.04 (0.14, 7.98)	0.92 (0.27, 3.19)	0.82 (0.19, 3.47)	2.90 (0.11, 71.9)
High Aspirations									
Safety									
Safe, 11 & 15	Referent	Referent	Referent	Referent	Referent	Referent	Referent	Referent	Referent
Unsafe, 11	0.77 (0.36, 1.67)	1.51 (0.41, 5.53)	0.53 (0.19, 1.49)	1.13 (0.37, 3.48)	0.83 (0.11, 6.03)	1.47 (0.30, 7.18)	1.12 (0.54, 2.33)	1.03 (0.29, 3.71)	1.30 (0.50, 3.39)
Unsafe, 15	1.04 (0.45, 2.41)	0.93 (0.26, 3.24)	1.12 (0.34, 3.76)	2.14 (0.62, 7.39)	3.96 (0.31, 50.0)	1.15 (0.33, 6.98)	1.42 (0.53, 3.81)	1.00 (0.21, 4.84)	1.80 (0.50, 6.49)
Unsafe, 11 & 15	1.82 (0.34, 9.71)	8.58 (0.30, 241.63)	0.54 (0.05, 5.42)	1.41 (0.54, 3.70)	0.90 (0.17, 4.90)	2.33 (0.61, 8.93)	1.61 (0.57, 4.60)	1.80 (0.34, 9.40)	1.40 (0.31, 6.23)
Self-Efficacy									
	β (99.8% CI)	β (99.8% CI)	β (99.8% CI)	β (99.8% CI)	β (99.8% CI)	β (99.8% CI)	β (99.8% CI)	β (99.8% CI)	β (99.8% CI)
Safety									
Safe, 11 & 15	Referent	Referent	Referent	Referent	Referent	Referent	Referent	Referent	Referent
Unsafe, 11	-0.01 (-0.12, 0.10)	-0.02 (-0.18, 0.1)	-0.00 (-0.16, 0.1)	0.00 (-0.16, 0.1)	0.10 (-0.19, 0.3)	-0.27 (-0.12, 0.1)	0.01 (-0.05,0.0)	0.00 (-0.10,0.10)	0.03 (-0.06,0.13)
Unsafe, 15	0.01 (-0.11, 0.12)	-0.03 (-0.18, 0.1)	0.02 (-0.14, 0.1)	0.06 (-0.10, 0.2)	0.12 (-0.19, 0.4)	0.03 (-0.16, 0.2)	-0.01 (-0.10,0.0)	-0.04 (-0.16,0.0)	0.00 (-0.11,0.13)

Unsafe, 11 & 15	-0.02 (-0.21, 0.17)	-0.11 (-0.36, 0.13)	0.07 (-0.24, 0.38)	0.00 (-0.13, 0.14)	0.06 (-0.18, 0.31)	-0.01 (-0.17, 0.15)	-0.01 (-0.10, 0.06)	-0.03 (-0.14, 0.08)	-0.02 (-0.16, 0.12)
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Notes

Model I controlled for: adolescent gender, education, ethnicity, religion (Peru & Vietnam only), language (Peru only); parent gender, head of household sex, mother's education, mother's age; household size, migration status, crime victimization, household wealth; region, urban/rural

Model Ia, Ib controlled for the same variables as Model 1, with the exception of adolescent gender

Table 17

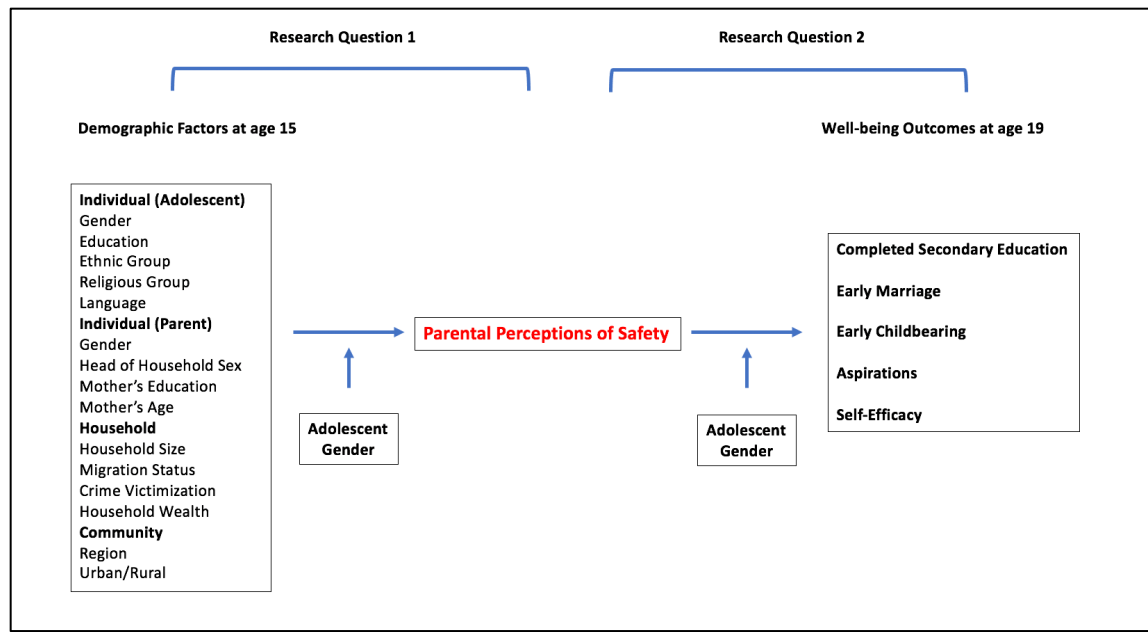
Sensitivity Analysis: Adjusted Regression Analyses of Association between Parents' Perceptions of Safety and Well-Being (Model II): Young Lives, Ethiopia, Peru, Vietnam

Main Predictor	Ethiopia Model II n=780 aOR (99.8% CI)	Peru Model II n=584 aOR (99.7% CI)	Vietnam Model II n=848 aOR (99.7% CI)
Completed Secondary Education			
Safety			
Safe, 11 & 15	Referent	Referent	Referent
Unsafe, 11	0.29 (0.03, 2.65)	0.74 (0.08, 6.92)	0.84 (0.20, 3.52)
Unsafe, 15	0.32 (0.03, 3.37)	0.73 (0.06, 7.85)	1.39 (0.23, 8.21)
Unsafe, 11 & 15	1.10 (0.01, 120.4)	0.89 (0.12, 6.18)	1.23 (0.22, 6.90)
Ever Married			
Safety			
Safe, 11 & 15	--	Referent	Referent
Unsafe, 11	--	1.16 (0.06, 20.34)	1.03 (0.12, 8.35)
Unsafe, 15	--	2.11 (0.03, 148.2)	-
Unsafe, 11 & 15	--	2.17 (0.18, 25.5)	0.52 (0.03, 7.13)
Ever Had A Child			
Safety			
Safe, 11 & 15	--	Referent	Referent

Unsafe, 11	--	1.16 (0.06, 22.06)	0.82 (0.09, 7.17)
Unsafe, 15	--	0.40 (0.01, 10.17)	-
Unsafe, 11 & 15	--	0.70 (0.07, 7.04)	0.73 (0.04, 12.51)
High Aspirations			
Safety			
Safe, 11 & 15	Referent	Referent	Referent
Unsafe, 11	2.65 (0.55, 12.78)	0.62 (0.05, 6.68)	0.76 (0.17, 3.47)
Unsafe, 15	0.82 (0.15, 4.32)	3.19 (0.18, 54.61)	0.57 (0.07, 4.21)
Unsafe, 11 & 15	13.75 (0.25, 736.0)	0.46 (0.06, 3.53)	1.35 (0.16, 11.16)
Self-Efficacy			
	β (99.8% CI)	β (99.7% CI)	β (99.7% CI)
Safety			
Safe, 11 & 15	Referent	Referent	Referent
Unsafe, 11	-0.05 (-0.27, 0.16)	0.14 (-0.18, -.47)	-0.03 (-0.17, 0.11)
Unsafe, 15	-0.03 (-0.26, 0.18)	0.11 (-0.23, 0.46)	-0.03 (-0.21, 0.13)
Unsafe, 11 & 15	-0.15 (-0.54, 0.23)	0.10 (-0.17, 0.38)	-0.00 (-0.18, 0.17)

Note: aORs are for interaction between each predictor variable and female gender of the adolescent

Figure 1: Conceptual Model



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